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FLORIDA PROFIT/NON PROFIT CORPORATION M & S PHYSICIAN MANAGEMENT SERVICES INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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ADEL GONZALEZ CPA PA

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ARTICLES OF INCORPORATION OF M & S PHYSICIAN MANAGEMENT SERVICES INC

I, the undersigned, hereby make, adopt, subscribe and acknowledge these Articles of Incorporation for the purpose of organizing and incorporating under the laws of the State of Florida, by and under the provisions of the statues of the State of Florida providing for the formation, liability, rights, privileges and immunities of the corporation for profit.

ARTICLE I : NAME

The name of the corporation shall be:

M & S PHYSICIAN MANAGEMENT SERVICES INC

ARTICLE II: PURPOSE

The nature of the business, objects and purposes to be transacted and carried on are to engage in any activity of business permitted under the laws of the United States of America and of the State of Fiorida.

ARTICLE III: CAPITAL STOCK

The authorized capital stock of this corporation shall consist of 60 shares of common stock, having \$ 10.00 par value, which shall be issued for such consideration as may be fixed by the Board of Directors of the corporation.

ARTICLE IV: INITIAL CAPITAL

The amount of capital with which corporation shall begin business shall be \$ 600,00

ARTICLE V: CORPORATE EXISTENCE

The corporation shall exist perpetually unless dissolved according to law.

ARTICLE VI : POST OFFICE ADDRESS

The post office address of the principal office of this corporation shall be: 6043 NW 167 St, Suite A-1 Hialeah, Fl 33015 with the privilege of having branch or other offices at other places within or without the State of Florida. The principal office may be moved to such other address as the Board of Directors shall by resolution determine.

ARTICLE VII: NUMBER OF DIRECTORS

The business of this corporation shall be conducted by a Board of Directors consisting initially of two directors.

The numbers of directors may be changed from time to time By-Laws adopted by the stockholders; but shall never be less than the minimum number required by the laws of the State of Florida, as amended from time to time.

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ARTICLE VIII: INITIAL DIRECTORS

Marco A. Nova

6043 NW 167 St, Suite A-1

Hialeah, FI 33015

Sandra L. Fuentes

6043 NW 167 St, Suite A-1

Hielesh, Fl 33015

LLAHASSEE, FLORI

ARTICLE IX: OFFICERS

Marco A. Nova, President

Sandra L. Fuentes, Secretary / Treasurer

ARTICLE X: SUBSCRIBERS

The name and post office addresses of the subscribers to these articles are as follow:

NAME

ADDRESS

Marco A. Nova

6043 NW 167 St, Suite A-1

Hialeah, Fl 33015

Sandra L. Fuentes

6043 NW 167 St, Suite A-1

Hialeah, Fl 33015

ARTICLE XI : AMENDMENTS

Theses articles of incorporation may be amended from time to time in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders and approved at a stockholders' meeting by a majority of the stockholders entitled to vote.

ARTICLE XII: REGISTERED OFFICE AND AGENT.

The initial address of the registered office of the corporation is: 6043 NW 167 St. Suite A-1 Hislanh, FI 33015

and the registered agent is:

Marco A. Nova

The undersigned has (have) executed these Articles of Incorporation #

As Cat

Marco A. Nova, President

Sandra L. Feet S. Secretary Treasurer

(Date) 09/09/2014

(Date)

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1- The name of the corporation is:

M & S PHYSICIAN MANAGEMENT SERVICES INC

2- The name and address of the registered agent and office is : Marco A. Nova 6043 NW 167 St, Suite A-1 Hialeah, FI 33015

SIGNATURE

TITLE

DATE

President

Having been named as Registered Agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity.

I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

SIGNATURE

DATE

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