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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Address:_					
	Address:_	Address:	Address:	Address:	Address:

FLORIDA PROFIT/NON PROFIT CORPORATION MGM MEDICAL SERVICES INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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T. SCOTT

T. SCOTT

Electronic Filing Menu

Corporate Filing Menu

Help

H44000222094

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:		
MGM Medical Services inc.		
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is:		
8150 SW BSt Suit# 214		
Miami FL 33144'		
ARTICLE III SHARES: The number of shares of stock is:		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	S庫	81V18
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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:		
The name and Florida street address (PO Box not acceptable) of the registered agent is:		
Alexander Garcia		
8150 SW 85T SUT# 214		
Man: \$6. 33144		,
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:		
ALEXANDER Garcia		
8150 SW 85T SUT # 214		
Mium: FL 33/44		1

Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Incorporator

Date

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