

PK4000088111

06:03

#369 P. 001/003

Florida Department of State
Division of Corporations
Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000252189 3)))



H140002521893ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

14 OCT 28 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

RECEIVED
14 OCT 28 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
GENERAL MEDICAL & SERVICES, INC.

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

und 10/29

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

H14000252189

ARTICLE I NAME: The name of the corporation is:

GENERAL MEDICAL & SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

10300 SW 72 ST #405
MIAMI FL 33173

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT 26 PM 12:13

ARTICLE III SHARES: The number of shares of stock is:

100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Leydis Vega-Leyva (P)
Fraida Menendez (VP)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Leydis Vega-Leyva
10300 SW 72 ST #405
MIAMI FL 33173

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

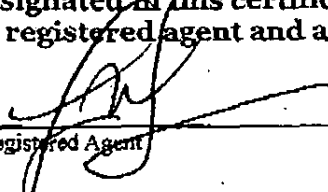
Leydis Vega-Leyva
10300 SW 72 ST #405
MIAMI FL 33173

H14000252189

H14000252189

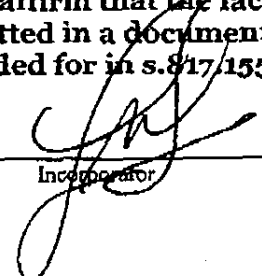
Required Signatures:

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

14-000000-PM12-13
DEPARTMENT OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 01-11-2011 BY 60322
UCBAW

H14000252189