

Division of Corporations

Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC

Account Number : I20000000019

Phone : (305)552-5973

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

C & 1	Address:			
rma11	AUUFPSS:			

FLORIDA PROFIT/NON PROFIT CORPORATION M&P MEDICAL SERVICES CORP

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

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Help

ARTICLES OF INCORPORATION 4 1 In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

H14000267198

ARTICLE I NAME: The name of the corporation is:
M&P MEDICAL SERVICES CORD
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
175 Fontainebleau Blub suite 2A5
Mami FL 33172
ARTICLE III SHARES: The number of shares of stock is: \\\
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
(P) PAVEL LUIS Hernandez MERINO
WON TO NON THE
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
HAVEL LUIS Hernandez Merino
175 Fontainebleau Blvd. Ste 2A5
MIQMI FL 33112
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
PAVEL LUIS HERNANDEZ MERINO
175 Fontaine bleau Blvd Ste. 245
Miami FL 33172

H14000267191

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

Paus Heavance Dave 11/17/14
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.

Date 11/17/14