

07/11/2033 05:41

4860 P 001/00

Florida Department of State
Division of Corporations
Electronic 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.

((H15000161887 3)))



H150001618873ABC4

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 : LAZARIUS 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.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
AZTEK MEDICAL SOLUTIONS INC.**

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

Corporate Filing Menu

Help

MD

7/2

15 JUL -1 AM 11:36

15 JUL -1 PM 4:57

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION #15000161887
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:

Aetek Medical Solutions Inc.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

6043 N.W. 167 ST Suite A-14
Hialeah, FL 33015

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Ruben Hernandez (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

RUBEN HERNANDEZ
6043 N.W. 167 ST Suite A-14
Hialeah FL 33015

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

RUBEN HERNANDEZ
6043 N.W. 167 ST Suite A-14
Hialeah FL 33015

#15000161887


15 JUL - 1 AM 11:36

H15000161887

5 JUL -1 AM 11:55
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/19/01 BY 60322 UCBAW

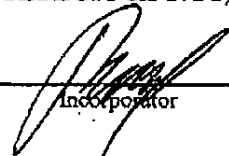
Required Signatures:

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 07/01/15
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 07/01/15
Date

H15000161887