

P16000082398

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.

((H16000250363 3)))



H160002503633ABC-

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

SECRET
STATE
FALLAHASSEE FLORIDA
16 OCT 10 AM 11:52

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

Email Address: _____

REFRESH
16 OCT 10 PM 3:24
SECRET
STATE
FALLAHASSEE FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
GLOBAL GROUP MEDICAL SERVICES, INC

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

10/10/2016 14:24

3052201440

LAZARUS

H16000250363

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

ARTICLE I NAME: The name of the corporation is:

GLOBAL GROUP MEDICAL SERVICES, INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

247 SW 8 ST Ste 297
MIAMI, FL 33130

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

100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

JULIETA TORRES (P)

STATE OF FLORIDA
TALLAHASSEE OFFICE

16 OCT 10 AM 11:53

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Julietta Torres
247 SW 8 ST Ste 297
Miami FL 33130

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

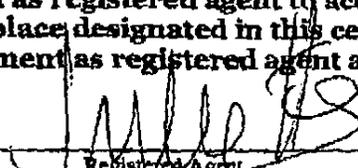
Julietta Torres
247 SW 8 ST Ste 297
Miami FL 33130

H16000250363

H16000250363

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

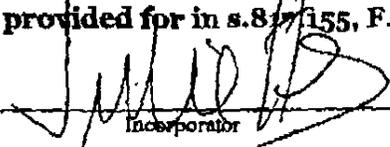


 Registered Agent

10/10/16

 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

10/10/16

 Date

16 OCT 10 AM 11:56
 DEPT. OF STATE
 TALLAHASSEE FLORIDA

H16000250363