P21000030533

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.

(((H21000132120 3)))

H21000132120 3ABCM

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

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
2021 APR -2 PM 4:02
DIVISION OF COMMERCIAL RECORDING SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
GLOBAL MEDICAL SOLUTION GROUP CORP

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

FILED
21 APR -2 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: GLOBAL MEDICAL SOLUTION GROUP CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

2051 NW 112 AVE STE 127

DORAL, FL 33172

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Abel Garcia (P)

Address: 2051 NW 112 AVE STE 127, DORAL, FL 33172

Name and Title: Elkin M. Garcia Gonzalez (D)

Address: 2051 NW 112 AVE STE 127, DORAL, FL 33172

Name and Title: Maria Cristina Vasquez Hidalgo (P)

Address: 2051 NW 112 AVE STE 127, DORAL, FL 33172

Name and Title:

Address:

Name and Title: Jose Gregorio Renna Pereira (D)

Address: 2051 NW 112 AVE STE 127, DORAL, FL 33172

Name and Title:

Address:

FILED
21 APR -2 PM 9:07
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Maria Cristina Vasquez Hidalgo

Address: 2051 NW 112 AVE STE 127

DORAL, FL 33172

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Maria Cristina Vasquez Hidalgo

Address: 2051 NW 112 AVE STE 127

DORAL, FL 33172

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

/s/ Maria Cristina Vasquez Hidalgo — 3/31/2021

Required Signature/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.

/s/ Maria Cristina Vasquez Hidalgo — 3/31/2021

Required Signature/Incorporator — Date

FILED
2021 APR -2 PM 10:07
SECRETARY OF STATE
DIVISION OF CORPORATIONS