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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION
 BLUE SKY MED INC

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FLORIDA DEPARTMENT OF STATE
 COMMERCIAL SERVICES

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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: BLUE SKY MED INC

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
<u>4800 W FLAGLER ST STE 110</u>	<u></u>
<u>MIAMI, FL 33134</u>	<u></u>

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: <u>YANNI VIERA MONTERO (P)</u>	Name and Title: <u></u>
Address <u>4800 W FLAGLER ST STE 110</u>	Address: <u></u>
<u>MIAMI, FL 33134</u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>
Name and Title: <u></u>	Name and Title: <u></u>
Address <u></u>	Address: <u></u>
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SECRETARY OF STATE

TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____


ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: YIANNI VIERA MONTEROAddress: 4800 W FLAGLER ST STE 110MIAMI, FL 33134**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: YIANNI VIERA MONTEROAddress: 4800 W FLAGLER ST STE 110MIAMI, FL 331342022 JUN -3 PM 2:19
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TALLAHASSEE, FLORIDA

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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*

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.

Required Signature/Incorporator

Date