Division of Corporations Electronic Filing Cover Sheet

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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

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

FLORIDA PROFIT/NON PROFIT CORPORATION GLOBAL MEDICAL INVESTMENTS GROUP CORP

Certificate of Status	0	
Certified Copy	1	
Page Count	03	
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

GLOBAL MEDICAL INVESTMENTS GROUP CORP		
ARTICLE II PRINCIPAL OFFI	CF.:	
The principal street address and mailing a	ddress is:	
10300 SW 72ND ST SUITE #184		
MIAMI , <u>FL 33173</u>		
ARTICLE III SHARES: The number of shares of stock	c is: <u>100</u>	 '
ARTICLE IV INITIAL DIRECTORS AND	OR OFFICERS:	
SABEL YERO GRIMON (P)		
		
		
ARTICLE V INITIAL REGISTERED AGENT AN	<u>D STREET ADDRE</u>	SS:
The name and Florida street address (PO Box not acceptable	e) of the registered ag	ent is:
SABE <u>L YERO GRIMON</u>		— ₂₁
10300 <u>SW 72ND ST SUITE #184</u>		. — \$4
MIAMI_FL 33173	HAS	
	SE C	9
ARTICLE VI INCORPORATOR: The name and ad-		
ABEL YERO GRIMON		
0300 <u>SW 72ND ST SUITE #184</u>		
MAMI FL 33173		

EIN: 99-5006256

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 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 Date

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