TRANSMITTAL LETTER

Department of Division of Curp P.O. 127 Talle assee, FL	323145 OOC	50/0	
SUBJECT:	VELLOW SERVICES (proposed corporate name)	, Ise.	
/	(proposed corporate name)		
	find an original and one (1) copy of the ar n and check in the amount of \$/22=		
FROM:	Guillermo Torres Name 4155 SW 92 -nd. Address Minmi - FL. 331 City, State, & Zip (30.5) 225-6994 Telephone Number	Ave.	i di

1 DOOD 1 975091 -01/10/95--01099 - 013 ****122.50 ****122.50

Note: Additional copy of articles is needed when certified copy is requested.

CERTIFICATE OF INCORPORATION

OF.

YELLOW SERVICES, INC.

WE, the undersigned, hereby make, subscribe and acknowledge this certificate for the purpose of becoming a corporation under the laws of the State of Florida.

1. The name of the corporation shall be: YELLOW SERVICES, INC.

and its existence shall be perpetual.

- 2. The general nature of the business to be transapted of shall be MEDICAL SERVICES , and to invest in property of any kind, operate businesses, lend money, and to have all other powers provided by the laws of the State of Florida.
- 3. The capital stock of the corporation shall consist of fifty (50) shares, without nominal par value.
- 4. The amount of capital with which this corporation shall begin business is not less than FIVE HUNDRED DOLLARS.
- 5. The principal office of this corporation shall be 10975 SW 40 Street Suite # 408 MIAMI, FL. # 33165
- 6. The number of directors shall be at least one (1), and the names and post office addresses of the first Board of Directors and Officers are:

NAME OFFICE

POST OFFICE ADDRESS

1. JULIA SORDO PRESIDENT

10975 SW 40 ST. Ste.408

MIAMI, F1. 33165

7. The names and post office addresses of the subscribers to this Certificate of Incorporation, and the number of shares each agrees to take, and the consideration therefore, the proceeds of which will amount to not less than FIVE HUNDRED DOLLARS (\$500.00), are as follows:

NAME AND ADDRESS

NO. OF SHARES

CONSIDERATION

1. JULIA SORDO

50

\$ 500.00

10975 Sw 40 St # 408 Miami, Fl. 33165

8. JULIA SORDO is hereby designated as the Registered Agent for the corporation and 10975 SW 40 Street Ste. # 408 Miami, Fl. 33165 its address.

IN WITNESS WHEREOF, the undersigned hereby subscribe to this Certificate of Incorporation at Miami, Florida this <u>O6</u> day of <u>JAWUARY</u>, 1995, for the uses and purposes aforesaid.

X Julia Justin

CERTIFICATE OF DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA NAMING AGENT UPON WHOM PROCESS MY BE SERVED.

In compliance with Section 28.091, Florida Statutes, the following is submitted:

desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the City of Miami, State of Florida, has named JULIA SORDO , located at 10975 SW 40 Street , Miami, F1. 33165 Florida, as its Agent to accept service of process within Florida.

CORPORATE OFFICER

TITLE PRESIDENT

DATE 01-06-1995

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

RESIDENT AGENT

DATE <u>61-06-1995</u>

STATE OF FLORIDA) SS. COUNTY OF DADE)

BEFORE ME, the undersigned authority, personally appeared

Solo 5000

subscriber(s) and person(s) described in and who executed the foregoing Certificate of Incorporation, who acknowledged before me that they did subscribe thereto, and did so for the uses and purposes therein contained.

SWORN TO and SUBSCRIBED before me at Miami, Dade County, Florida this the <u>O6</u> day of <u>January</u>, 995

Notary public, State of FL

My Commission Expires:

G TODRES

My Coain Dap 6/t.

Builded By Service in

No. CC38(693

[[Presently Karen]] 1984 | 1-4

95 JAN -9 AND: 25