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((H95000002453))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: AMERICAN ASSOCIATION OF MEDICAL EDUCATION, INC.
FAX AUDIT NUMBER: H95000002453 CURRENT STATUS: REQUESTED
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**ARTICLES OF INCORPORATION
OF
AMERICAN ASSOCIATION OF MEDICAL EDUCATION, INC.**

**I
CORPORATE NAME**

The name of this corporation shall be AMERICAN ASSOCIATION OF
MEDICAL EDUCATION, INC.

II

PRINCIPAL OFFICE

The principal place of business address of this corporation is 1400 West 39
Place, Suite 203, Hialeah, Florida 33012.

III

CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have
outstanding at any one time is one thousand (1000) shares of common stock at no per
share par value.

IV

PURPOSES

The general nature and purposes of business to be transacted, promoted and
carried on by the corporation are as follows:

- a. To engage in the training, instruction and education of students in diverse
fields of medical technology including but not limited to phlebotomy technicians.
- b. To engage in any commercial, mercantile, manufacturing, industrial or trading

MORAIMA FEAL, ESQ.
9582 SW 40 STREET #6
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(305) 223-6600
FL. Bar No. 002070

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business of any kind and to do all things incidental to any such business; to manufacture, purchase or otherwise acquire, lease, pledge, mortgage, sell or otherwise dispose of, and to trade in and deal in any and every kind of commodity, merchandise, machinery, equipment, material and product.

d. To acquire by purchase, lease or otherwise, any property or any interest therein, whether tangible or intangible.

e. To acquire by purchase, lease or otherwise, and to build, construct or erect, plants, buildings, structures, works and improvements on any kind

f. To enter into any partnership, limited partnership or joint venture organized under the laws of the State of Florida.

V

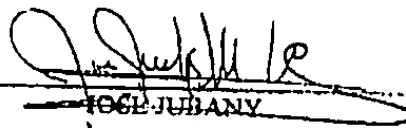
INITIAL REGISTERED AGENT AND OFFICE

The address of this corporation's initial registered office is located at 1490 West 39 Place, Suite 203, Hialeah, Florida 33012 and the name of its initial registered agent at said address is JOSE JUBANY.

VI

INCORPORATORS

The name and street address of the incorporator to these articles of incorporation is JOSE JUBANY, 1490 West 39 Place, Suite 203, Miami, Florida, 33012.


JOSE JUBANY
Incorporator

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STATE OF FLORIDA
COUNTY OF DADE

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BEFORE ME, the undersigned authority, personally appeared JOSE JUBANY, who is personally known to me, who did take an oath, and who is to me well known to be the person described in and who executed the foregoing Articles of Incorporation as the Incorporator, and he acknowledged to and before me that he executed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and seal at Miami, in the said County and State, this 2 day of March, 1995.


NOTARY PUBLIC, State of Florida

My Commission Expires:



MORAIMA FEAL
My Comm Exp. 7/06/98
Bonded By Service Inc
No. CC379995
☐ Personally Known ☐ Other L.R.

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act:

That AMERICAN ASSOCIATION OF MEDICAL EDUCATION, INC. desiring to organize under the laws of the State of Florida with its principal office as indicated in the Articles of Incorporation in Miami, Dade County, State of Florida, has named JOSH JUBANY, located at 1490 West 39 Place, Suite 203, Hialeah, Florida 33012, County of Dade, State of Florida, as its agent to accept services of process within the State.

ACKNOWLEDGEMENT:

Having been named to accept service of process for the above stated corporation, at place designated in this Certificate, I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

By: 
JOSH JUBANY
Registered Agent

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