# 11895000598

### TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassoo, FL 32314 P. L. C. MEDICAL, INC. SUBJECT: \_ (Proposed corporate name - must include suffix) Enclosed is an original and one (1) copy of the articles of incorporation and a check for: XX \$122.50 \$131.25 \$70.00 \$78.75 Filing Fee Filing Fee, Filing Fee Filing Fee Certified Copy & Certified Copy & Certificate & Cortificate DOMINGO HERNANDEZ FROM: 500001551465 -08/02/95--00013--013 Name (Printed or typed) 1305 West 39th Place \*\*\*122.50 \*\*\*\*122.50 Address Hialeah, Fla. 33012 City, State & Zip 305 - 885-6953 Daytime Telephone number Please mail me the correspondence to the above address. Thank you, Sincerely yours,

NOTE: Please provide the original and one copy of the articles.

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# ARTICLES OF INCORPORATION

OF

P.L. C. MEDICAL, INC.

1637 S.W. 27th Avo. Suite 103

Miami, Fla. 33135

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLELNAME

The name of the corporation sh	all bo: P.L.C. MEDICAL, INC.	
		<b>₹</b> 535
The principal place of business of this corporation shall be:		<u>자</u> 기위인
	1637 S.W. 27th Ave, Suite 103	<u>~</u>
	Miami,Florida, 33135	<u> </u>

# ARTICLE IL NATURE OF BUSINESS

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This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

#### ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:
500 Shares \$ 1.00 Par Value each Share

#### ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

#### ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their sucessor(s) is (are) elected, is(are):

JANE A. LEE 1637 S.W. 27th Ave, Suite 103 President-Sec. Miami, Fla. 33135

## ARTICLES VI INCORPOBATOR(5)

The name(s) and street address(es) of the incorporator(s) to these articles of incorporation is(are):

JANE A. LEE 1637 S.W. 27th Ave, Suite 103 "Miami, Fla. 33135

N WITNESS WHEREOF, the understanded the second incorporation this 15th discussions.	signed incorporator(s) has have executed these ay of, 19 <u>95</u> .			
	Signaturo(s) of Incorporato (s)  Jano A. Lee			
STATE OF FLORIDA COUNTY OF <u>DADE</u>				
THE FOREGOING instrument was	acknowledged and sworn to before me this			
15th day of June	, 19 95 , by Jane A. Lee (Name of Incorporator)			
ofP.L.C. MEDICAL, INC.	(Newsork Comparation)			
A Contract of the Contract of	(Name of Corporation)  Somvings Share Share of Florida			
(SEAL)	My Commission Expires: OFFICIAL NOTARY SEAL DOMINGO HERNANDEZ DOMINGO HERNANDEZ NOTARY PUB 16 STATE OF FLORIDA NOTARY PUB 16			
ARTICLES OF INCORPORATION FILING FEE:				

# CERTIFICATE DESIGNATING REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1	The name of the corporation is:P.L.C. MEDICAL, INC.		
••		i ZE	, i
		<del>45</del>	
_	The same and address of the resistance agent and office is:	r)	
2.	The name and address of the registered agent and office is:	27	Tight Tight
	JANE A: LEE	<u></u>	<del>-</del> :::::
	1637 S.W. 27th Ave, Suite 103	<u> </u>	1370) T.
	(P. O. BOX NOT ACCEPTABLE)		1,,
	Miami,Fla. 33135		
	(CITY/STATE/ZIP)		
	SIGNATURE AUAL VILL		
	Jane A. Lee (Corporate Officer)		
	TITLE President - Secretary	·····	
	DATE		
CC AG	AVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE DEPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I SERVICE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY W	HEH ITH	THE
PF	ROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND ${\sf CC}$	MPI	.E   E
	ERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGAT	10110	
	Van Old Lee		
	Jane A. Lee (Registered Agant)		
	Jane A. Lee (Neglitered Again)		
	DATE June J15, 1995		_