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TRANSMITTAL LETTER

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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 7/000015554667 -08/14/35--01031--003 +****70.00 *****70.00

SUBJECT:(I	- Merchic	name - must include s	es lac
Enclosed is an original for : \$70.00 Filling Foo	and one (1) cop \$78.75 Filing Foe & Cortificate	y of the articles of \$122.50 Filing Fee & Certified Copy	incorporation and a check \$131.25 Filing Fee, Certified Copy & Certificate
FROM:	Humh	perto Crut	Ejerrez
	<u>1800 w</u>	GBHSt. C	Suite 117
	Hialpak Cit	y, State & Zip	3014
		- 827-68 Telephone number	68

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

ARTICLES OF INCORPORATION AND INCIDENTAL METERS OF THE METERS OF THE PROPERTY OF THE PROPERTY

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

ARTICLE I NAME

The name of the corporation shall be:

A-1 Medical Services, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

A-1 Medical 1800 w 68th St. Suite 117 Highenh, Fl. 33014 ARTICLE SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Humberto Gutierrez Humberto Gutierrez 1800 w 68th St. Soite 117 Hicleah, Fl 33014

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation Is(are):

Keyin M. Jakata 3494 Brooklyn Xoo Port Charlotte, Tt 38902

500 shares

Homberto Gutierrez 1800 W 68th St Scite 117 Hiatorh, Fl. 33014

soo shares

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

_____, day of ______, 19_____,

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF 95 AUX 16 AM 167 (10) REGISTERED AGENT/REGISTERED OFFICE (10)

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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)

1. The name of the corporation is: A MCCLCCL Services, LX
2. The name and address of the registered agent and office is:
Homberta Contierrez
(Name)
1800 W 68th St. Site 117 (P.O. Box not acceptable)
1-liciteah, Fl 33014 (City/State/Zip)
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.
Saffumbito Junio (Signature) (Date)
(Date)