

P95000072689

TRANSMITTAL LETTER

SEP 18 PM 1:17

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: PERFECT MEDICAL, INC.
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the
above corporation and check in the amount of \$ 122.50 .

200001587672
-09/19/95--01031--019
****122.50 ****122.50

FROM: LIMITED ENTERPRISES, INC.
Name
8250 BIRD RD STE 911
Address
MIAMI, FL 33155
City, State, & Zip
(305) 270-1557
Telephone Number

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

SEP 20 1995

**ARTICLES OF CORPORATION
OF**

PERFECT MEDICAL, INC.

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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.

PERFECT MEDICAL, INC.

ARTICLE II PRINCIPAL OFFICE

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

8567 CORAL WAY, SUITE 275, MIAMI, FL 33155

ARTICLE III CAPITAL STOCK

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

100 SHARES OF \$5.00 EACH (\$500.00)

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

CARLOS F. VAZQUEZ

8567 CORAL WAY, STE 275
MIAMI, FL 33155

ARTICLE V INCORPORATOR (S)

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

CARLOS F. VAZQUEZ

8567 CORAL WAY, STE 275
MIAMI, FL 33155

The undersigned has (have) executed these Articles of Incorporation This

Carlos F. Vazquez
Signature/President

Signature/Title

Signature/Title

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 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. The name of the corporation is:
PERFECT MEDICAL, INC.
2. The name and address of the registered agent and office is:

CARLOS F. VAZQUEZ

8567 CORAL WAY, STE 275
MIAMI, FL 33155

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.

SIGNATURE *Carlos F. Vazquez*

DATE 9/15/95