Popartment state Division of Corporations TRANSMITTALE TERM 7 Division of Corporations

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

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SUBJECT: D.S					
(F	roposed corporate	name - must include suffix)			
Enclosed is an origina for :	I and one (1) co	py of the articles of incorporation	and a	chec	k
\$70.00 Filling Fee	x \$73.75 Filing Fee & Certificate	\$122.50 \$131.25 Filing Fue Filing Foe, Certified Copy & Certified Copy & Certificate Additional Copy Required		,	
FROM:	ROBERT F.	LLANOS	-		
	Name (printed or typed)				
	13409 s.	W. 13th Lane			
		Address	芸紹	(<u>0</u>	
	Miami, Fl	orida. 33184		123	
	City	y, State & Zip	70 T	-2	
	(305) 221.	-3655		2 24	in U
	Daytime	Telephone number	LOGIDA LOGIDA	111:57	

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

200 C

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

D.S. MEDICAL GROUP INC.

ARTICLE II PRINCIPAL OFFICE

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

13409 S.W. 13th Ln

Miami, Florida 33184

ARTICLE III SHARES

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

100 at no par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

ROBERT F. LLANOS 13409 S.W. 13th Lane Miami, Florida. 33184

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

ROBERT F. LLANOS

13409 S.W. 13th Lano
Miami, Florida. 33184

١

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

27th day of March , 1996

(An additional article must be added if an effective date is requested.)

ignature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

2. The name and address of the re	egistered agent and office is:	
ROBERT	F. LLANOS	
***************************************	(Name)	
13409 8	S.W. 13th Lane	5 -
(P.O.	Box or Mail Drop Box NOT ACCEPTABLE)	
Miami, F	Florida. 33184	(1) (5) (8) (1) (1) (2) (1) (2) (1)
**************************************	(CITY/STATE/ZIP)	
	·	\$25 ST

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.

03-27-96

(SIGNATURE)

(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314