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

1 C000100 1434 5036 1 +06/04/96---01074--014 ****131.25 ****131.25

| SUBJECT: SEA | oposed corporate n | emo - must includo sulf | <u>e</u> x) | 6-12037 706 505 |
|--|---|--|--|-----------------------|
| Enclosed is an original for: \$70.00 Filing Fee | and one (1) co \$78.75 Filing Fee & Certificate | py of the articles of \$122.50 Filing Fee & Cerdiled Copy Additional Cop | \$131.25 Filing Fee, Cerdfied Copy & Cerdficate | and a check |
| FROM: | 1731 | DE Alar (printed or typed) Juniper Address | 100 6t | |
| • . • | (305 | mac FL ity, State & Zip 3 228 - 95 Telephone number | 33023 39 | 3 |

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



June 6, 1996

MARIA E. ALARCON 7731 JUNIPER STREET MIRAMAR, FL 33023

SUBJECT: SEASON'S MED SERVICE Ref. Number: W96000012037

We have received your document for SEASON'S MED SERVICE and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6927.

Kathy Hyman Document Specialist

Letter Number: 796A00028370

SEASON'S MED SERVICE, INC. 84.33 Wind Orden Orden Composition Company of the Comp

June 17, 1996

Mr. Kathy Hyman Document Specialist Florida Department of State Division of Corporations P.O. Box 6327 Tallahannen, FL 32314

Reference Number: W96000012037 Letter Number: 796A00028370

Paia E alaxon.

Dear Mr. Hyman:

Attached, please find the corrected document for SEASON'S MED SERVICE, INC. The phone number I may be reached at during working hours is 305 828-9539.

If you have any other questions, please contact me at your earliest convenience.

Thank you.

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ARTICLES OF INCORPORATION

Of

.. (AKASON '.S. MED SERVICE , INC.

I, the undersigned, subscriber to these Articles of Incorporation each a natural person competent to contract, hereby associate myself to form a Corporation under the laws of the State of Florida.

ARTICLE I

The name of this Corporation is: SEASON'S MED SERVICE, INC.

ARTICLE II NATURE OF BUSINESS

The general nature of the business an the objects and purposes to be transacted and carried on, are: SALES BROKER. And, in general, to carry on any other business whatsoever in connection with the foregoing or which is calculated directly or indirectly, to promote the interest of the corporation or to enhance the value or its properties.

And further, to borrow or raise money for any purpose of the company and to secure the same and interest, or for any other purpose, to mortgage all or any of the property corporeal or incorporeal, rights of franchise of this company now owned or hereinafter acquired, and to create, issue, draw and accept and negotiate bonds and mortagages. Bills of exchange, promissory notes other obligations or negotiable instruments.

ARTICLE III CAPITAL STOCK

The maximum number of shares of stock that this Corporation is authorized to have outstanding at any one time is 50 Shares at \$10.00 par value.

ARTICLE IV AMOUNT OF CAPITAL

The amount of capital with which this Corporation will be doing business with is not less than \$500.00.

TERM OF EXISTENCE

This Corporation is to exist perpetually.

ARTICLE VI ADDRESS

The initial post office address of the principal office of this Corporation in the State of Florida, is:

8433 West Okeechobee Road Hinlenh Gardens, FL 33016 Suite C

The Board of Directors may from time to time move the principal office at any other address in the State of Florida and establish branches and subsidiaries in any place within and without 'the State of Florida.

ARTICLE VII DIRECTOS

This Corporation shall have one Director initially. The number of Directos may be increased or diminished from time to time by the laws adopted by the stockholders, but, shall never be less than one.

ARTICLE VIII INITIAL BOARD OF DIRECTORS

The name and post office addresses of the members of the First Board of directors, who subject to the provisions of the Certificate of Incorporation, the By-Laws and the corporation laws of the State of Florida shall hold office for the First Year of the Corporation's existence, or until their successors are elected and have qualified, are:

president-Secretary-Treasurer

Maria Elena Alarcon 7731 Juniper Street Miramar, FL 33023

ARTICLE IX SUBSCRIBERS

The name and post office addresses of each subscriber of these Articles of Incorporation, and the number of shares of stock each agree to take are:

Maria Elena Alarcon 7731 Juniper Street Miramar, Ph. 33023

100%

50 SHARES

ARTICLE X AMENDMENT

These Articles of Incorporation may be amended in the manner provided by Law. Every Amendment shall be approved by the Board of Directors, proposed by them to the stockholders and approved at a stockholder's meeting by fifty one percent of the stock entitled to vote thereon.

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In Pursuance of Chapter 48.091 FLorida Statues, the following is submitted in compliance with said Act:

That Season's Med Service, Inc. desiring to organize a Corporation under the Laws of the State of Florida, with its principal office as indicated in the Articles of Incorporation, in the city of Hislanh Cardens, County of Dade, State of Florida, has named Maria Elena Alarcon 7731 Juniper Street Miramar, FL 33023

as its agent to accept services of process within this State.

MARTA RIENA ALARCON

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

MARIA ELENA ALARCON

REGISTERED AGENT

I, the undersigned, being each and all of the original subscriber to the capital stock herein named above for the purpose of forming a Corporation for profit to do business, both, within and without the State of "corida, do hereby make acknowledge and file this Certificate hereby declaring and certifying that the facts herein stated are true and do respectively agree to take the number of shares of stock herein above set forth as to each of us, and accordingly, have hereunte set our hands and seals this

MARIA ELENA ALARGON.

STATE OF FLORIDA

SS

COUNTY OF DADE

I HEREBY CERTIFY, that on this day, before me, a Notary Public, duly authorized to administer oaths and take acknowledgement, personally APPEARED: MARIA ELENA ALARCON to me well known to be the person described as subscriber in and who executed the foregoing Article of Incorporation and acknowledge before me, that he subscribed to those Articles.

WITNESS my hand and official seal, in the County and State named above, this 39 day of May of 19 96.

TERESA M PNO
My Commission CC294433
My Commission 15, 1997
Expires Jun. 15, 1997
Bonded by HAI
800.422.1955

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