

1996 JUL 19 19:47  
P96000067285

TRANSMITTAL LETTER

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

SUBJECT: Pines Medical Repair, Inc.  
(Proposed corporate name - must include suffix)

600001899206  
-07/19/96--01024--012  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate

\$122.50  
Filing Fee  
& Certified Copy

\$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM:

Maximo Arnaud  
(Name (printed or typed))

10251 EAST Cypress Ct.  
Address

Pembroke Pines, FL 33026  
City, State & Zip

(954) 430-9366 (305) 363-1166  
Daytime Telephone number

FILED  
96 AUG 13 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

#W96-15270  
Carmen  
954-480-9366

JUL 22 1996 BSB  
(614) 615  
W96-15270



**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Mortham  
Secretary of State

July 22, 1996

**MAXIMO ARNAUD**  
10251 EAST CYPRESS COURT  
PEMBROKE PINES, FL 33026

**SUBJECT: PINES MEDICAL REPAIR, INC.**  
Ref. Number: W96000015270

We have received your document for PINES MEDICAL REPAIR, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A corporation may not serve as its own registered agent. Please designate an individual, another active domestic corporation, or a foreign corporation authorized to transact business within this state, having a Florida street address identical with that of the registered office.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

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) 487-6925.

Brenda Baker  
Corporate Specialist

Letter Number: 996A00035292

ARTICLES OF INCORPORATION

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

PINES MEDICAL REPAIR, INC.

ARTICLE II PRINCIPAL OFFICE

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

10251 East Cypress Ct.  
Pembroke Pines, Fl. 33026

ARTICLE III SHARES

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

NONE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MAXIMO A. ARNAUD  
PINES MEDICAL REPAIR, INC.  
10251 East Cypress Ct.  
Pembroke Pines, Fl. 33026

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these article of incorporation is:

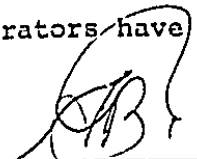
MAXIMO ARNAUD  
President

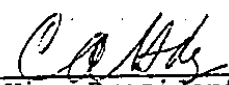
10251 East Cypress Ct.  
Pembroke Pines, Fl. 33026

CARMEN A. HERNANDEZ  
Vice President

10251 East Cypress Ct.  
Pembroke Pines, Fl. 33026

The undersigned incorporators have executed these articles of incorporation this:  
15 day of July 1996.

  
\_\_\_\_\_  
President

  
\_\_\_\_\_  
Vice President

PINES MEDICAL REPAIR, INC.

(954) 430-9366

JULY 29th, 1996

DEAR SIRs:

PLEASE BE ADVISED, THAT I MAXIMO A. ARNAUD  
AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONS-  
ABILITIES AS REGISTERED AGENT FOR PINES MEDICAL REPAIR,  
INC.

SINCERELY YOURS,

  
MAXIMO A. ARNAUD

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA