

TRANSMITTAL LETTER

997000010581

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

North American Medical Export, Inc.

SUBJECT:

(Proposed corporate name - must include suffix)

100002073731--7
-01/30/97--01056--013
****131.25 ****131.25

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:

GREGORY STULA

Name (Printed or typed)

416 Garlande Avenue

Address

Coral Gables, FL 33146

City, State & Zip

305-669-4276

Daytime Telephone number

FILED
97 JAN 30 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION

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.

FILED
JAN 30 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

North American Medical Export, Inc

ARTICLE II PRINCIPAL OFFICE

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

714 W. Dilido Ave.
Miami Beach FL

ARTICLE III SHARES

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

1,000 shares no PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Gregory Stula
416 Garlenda Ave.
Coral Gables, FL 33146

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):

Gregory Stulk
416 Garlenda Ave.
Coral Gables FL 33146

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

24th day of JANUARY, 19 97.

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

[Signature]
Signature

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.

1. The name of the corporation is North American Medical Export, Inc.

2. The name and address of the registered agent and office is:

Gregory Stula
(NAME)

416 Garland Ave
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)

Coral Gables FL 33146
(CITY/STATE/ZIP)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97 JAN 30 PM 2:46

FILED

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]
(SIGNATURE)

1/24/97
(DATE)