7970000 13556 TRANSMITTAL LETTER

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

700002082637--9 -02/10/97--010/98--012 *****78.75 ******78.75

SUBJECT:	AMEDCO, CORP.			
SUBJECT:	(Proposed corporate name - must include suffix)			
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			75.	
Englosed is an ori	ginal and one(1) copy of the articles	s of incomposition and a c	hack for	_l
Enclosed is all on	ginal and one(1) copy of the ancie	sor morporadon and a c	neck for	7:54
\$70.00	∑ \$78.75	□\$122,50	□ \$131.25 [□]	-
Filing Fee	·	Filing Fee	Filing Fee,	
C	& Certificate	& Certified Copy	Certified Copy	
			& Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	JOSEFA G. BAHAMONDE			
Name (Printed or typed)				
•	780 N. LE JEUNE RD., SUI		<u>.</u>	
	Addre	SS		
	MIAMI, FL. 33126			
	City, State	& Zip		
	(205) 442 0060			
	(305) 442-0069			

FEB 1 1 1997

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

Daytime Telephone number

ARTICLES OF INCORPORATION

OF

AMEDCO, CORP

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:

AMEDCO, CORP

ARTICLE II PRINCIPAL OFFICE

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

780 N Le Jeune Rd Suite #2 Miami F1 33126

ARTICLE III CAPITAL STOCK

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

1000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JOSEFA G, BAHAMONDE 780 N Lejeune Rd Suite 2 Miami Fla 33126 ARTICLE VINCORPORATOR(S)

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

JOSEFA G BAHAMONDE
PRES/SEC/TRES
780 N lejeune Rd Suite 2 Miami F1 33126

The undersigned incorporator (s) has (have) executed these Articles of Incorporation this 15 day of January , 19 9.7

Signature, Josefa J. Bahamimale

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/agent, in the State of Florida.

The name of the corporation is:

AMEDCO, CORP

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

JOSEFA G. BAHAMONDE 780 N Lejeune Rd Suite #2 Miami F1 33126

Having been named as registered agent and to accept service of process for the above corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in his 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, Joséfa J. Bahamonde

Date, January 15 1997