OOOO68207

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

SUBJECT: Event-Medics, Medical Serivice Iv (Proposed corporate name - must include suffix)

500002259105--6 -08/06/97--01046--003 ****122.50 ****122.50

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

4\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Kenneth Williams
Name (Printed or typed)

7103 Woodfield

) 988-6413 Daytime Telephone number

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Event-Medics

Medical Service Inc

97 AUG -6 AH 8: 11
Whole the Conversion

ARTICLE II PRINCIPAL OFFICE

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

PO BOX 290222 Tampa, FL. 33667

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Kenneth matthew williams 7103 Woodfield Drive Tampa, FL 33617

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Kenneth Matthew Williams 7103 Landfield Drive Tompa, FL, 33617

Lennett Matthew Williams

07-17-97

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

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/Registered Agent

07-17-97

Date

07/08/1997 03:26

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8/06/97 6:49 PM

FLORIDA DIVISION OF CORPORATIONS

PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

(((1197000012921 7)))

TO: DIVISION OF CORPORATIONS

FAX #:

(850) 922-4001

FROM: BUSINESS WORLD TRANSACTIONS, INC.

ACCT#:

104512000707

CONTACT: GEORGE G PICARDIE

FAX #:

PHONE: (305)867-8448

(305) 867-8200

NAME: SU SEMANARIO, INC.

AUDIT NUMBER...... H97000012921

DOC TYPE..... FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS...O

PAGES..... 3

CERT. COPIES.....0

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EST.CHARGE.. \$70.00 NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE

FAX

AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>:

The English translation for Su Semanario is Your Weekly

-ne 8/1/97

H97000012921

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.

> ARTICLE I NAME

The name of the corporation shall be:

SU SEMANARIO, INC.

ARTICLE II PRINCIPAL OFFICE

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

8518 S.W. 8 St. Suite 1325 Miami, Fl. 33144

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time One Thousand(1000) shares at One Dollar(1.00) per value

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

> Roberto Valdes 8518 S.W. 8 St. Suite 1325 Miami, F1. 33144

Prepared by: Roberto Valdes

8518 S.W. 8 St. Miami, Fl. 33144 (305)389-9068

H97000012921

H97000012921

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):

Roberto Valdes 8518 S.W. 8 St. Suite 1325 Miami, F1. 33144

Director & President

6 day of	August	, 19 ⁹⁷	
		Anna	7
		(+)///	<i>)</i> .
		- Igranire	
•			
	· · · · · · · · · · · · · · · · · · ·	Signature	

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

Signature

H97000012921

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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/REGISTERED AGENT, IN THE STATE OF FLORIDA.

i. The pane of the	ie corporation is	3:		
	<u>-</u>	SU SEMANARIO (must include suffix)	, INC.	
2. The name and	address of the r	egistered agent and office	ee is:	e e e e e e e e e e e e e e e e e e e
		Roberto Valdes (Namu)	¥t.344	
	(P.O. I	8518 S.W. 8 St. Box or Mail Drop Box NOT	Suite 1325 ACCEPTABLE)	
		Miami, F1. 33144 (CTTY/STATE/ZIP)	4	
agent and agree to	act in this capac per and complet	d agent and to accept s in this certificate, I hereb ity. I further agree to co te performance of my du egistered agent.	y accept the app	colntment as registered
da			,	3 ~6− 97
(810	NXTAIL)			(DATE)