## CONCENTRALIERER 34

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

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SUBJECT:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	edical rate name - must include su	uffix)		
		·			
Enclosed is an original a	and one(1) copy of the article	s 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 CO	PY REQUIRED S	98	
FROM: _\(	Beris DeBen		AHAS AHAS	SEP -	
	Name (Pr	inted or typed)		- 8 P	
<u>(8</u>		7 PLace	E FLURIDA	PH 4: 28	
	A	ddress		28	
	Miami - fho	orida			
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	(305) 97130 Daytime Tel	924. Iephone number		3	义 ·
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NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

ARTICLE I

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

The name of the corporation shall be:
Univen Medical, Inc.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
18267 S.W 139 Place
Miami - fla. 33177
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at a support of the corporation of shares of stock that this corporation is authorized to have outstanding at a support of the corporation of the corporati
(1) one
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are:
Beris Debenito
18267 5.W 139 Place Hiami-fla 33177
Hiami-Fla 33177
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
beris Debenito
Beris DeBenito 18267 5. W 139 PLace
Miami-fLa 33177
9/15/98
Signature/Incorporator Date

(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

Output

Date