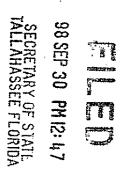
SE ONLY (D (Requestor's Name) 3320 S.W. 87th AVENUE (Address) MIAMI, FLORIDA (305)552-5973 (Phone #) (City, State, Zip) LOCAL REPRESENTATIVE TALLAHASSEE OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Pick up time Walk in Certificate of Status Will wait Photocopy Mail out AMENDMENTS NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILNGS QUALIFICATION HOITARO9903 70 HOIZIVIO Annual Report Foreign TZ :01 MA . DE 932 82 Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other Examiner's Initials



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ARTICLES OF INCORPORATION

The unidersigned 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:

Diagnostic Solutions Inc

ARTICLE II PRINCIPAL OFFICE

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

3590 S State Road 7 Svite#210 Minamar FL 33023

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jose GOMEZ 3590 5 State Road 7 Suite # 210 Miramar FL 33023

ARTICLE V INCORPORATOR(S)

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

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 29 to day of _______ fept____, 19 98_.

Signature
Signature

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/registered agent, in the State of Florida.

1.	The name of the corporation is: Slagnostic Solutions Inc
2.	The name and address of the registered agent and office is:
	(NAME) 3590 S State Rl 7 Suited 260
	(P.O. BOX NOT ACCEPTABLE) Micanus H 33073 (CITY/STATE/ZIP)
	FLORE TO STATE OF THE STATE OF
PROC DESIG	NG BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF ESS FOR THE ABOVE STATED CORPORATION AT THE PLACE SNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS
REGIS AGRE THE P FAMIL	STERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER SE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM LIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS STERED AGENT.
·	SIGNATURE Some