Division of Corporations

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Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850)922-4001

From:

Account Name : MEDGUARD SERVICES INC.

Account Number : I19990000019 Phone : (305)389-2049

Fax Number : (305)220-7776

99 FEB 19 AN 8: 20
SECKETARY OF STATE
TALLAHASSEE FI ORDER

FLORIDA PROFIT CORPORATION OR P.A.

Varela A.L.F. Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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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:

VARELA A.L.F. INC.

PRINCIPAL OFFICE

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

1600 N.W. 33rd Street Miami, FL. 33142

<u>ARTICLE III</u> **SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: The aggregate number of shares which this Corporation shall have the authority to issue is One-Thousand (1,000) Shares of Common Stock, No-Each Share shall have equal rights with each other Share in dividends, voting and in liquidation.

REGISTERED AGENT AND STREET ADDRESS

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

Medguard Services Inc. 9274 S.W. 40th Street Miami, FL. 33165

INCORPORATOR

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

Maria Luisa Varela -President 1600 N.W. 33rd Street Miami, FL 33142

Maria

Signature/Incorporator

February 18, 1999

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 Garbara m. Saralesia, Pres.

Medguard Services Inc.

Signature/Registered Agent

<u>February 18</u>

Date

9274 S.W. 40th Street Miami, FL. 33165

Phone: (305) 389-2049