

TRANSMITTAL LETTER

P990000 30214

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

FILED
99 MAR 29 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT:

MILLENIA MEDICAL GROUP, INC.

(Proposed corporate name - must include suffix)

1000028
-03/29/99-01101-015
*****78.75 *****78.75

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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Alejandro Casas

Name (Printed or typed)

6167 N.W. 181 Terrace Circle North

Address

Miami, FL 33015

City, State & Zip

305-826-7745

Daytime Telephone number

APR -1 1999

SHARON

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:

MILLENIA MEDICAL GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

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

6167 N.W. 181 Terrace Circle No.
MIAMI, FL 33015

ARTICLE III SHARES

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

1000. SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Alejandro Casas
6167 N.W. 181 Terrace Circle No.
Miami, FL 33015

ARTICLE V INCORPORATOR

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

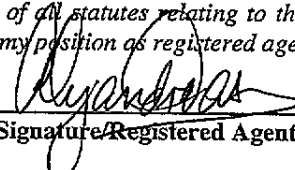
Alejandro Casas
6167 N.W. 181 Terrace Circle No.
Miami, FL 33015


Signature/Incorporator

March 25, 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


Signature/Registered Agent

March 25, 1999
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA