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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 : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

C.M.D. NETWORK, CORP.

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF INCORPORATION**

**OF**

**C. M. D. NETWORK, CORP**

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: **C.M.D. NETWORK, CORP**  
The principal place of business and mailing address of this corporation shall be:

**3635 S.W. 75 Avenue  
Miami, Fl 33155**

**ARTICLE II NATURE OF THE BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States The state of Florida, or any other State, County, Territory or Nation

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

1,000 shares of Common Stock, each having \$1.00 par value

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

<b>NAME</b>	<b>POSITION</b>	<b>ADDRES</b>
Carlos A. Martin	President	3635 S.W 75 Avenue Miami, Fl 33155

Prepared by: Orlando de Arnas, CPA  
2906 Douglas Rd #101  
(305) 441-8899

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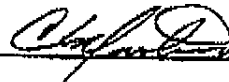
**ARTICLE VI INCORPORATOR(S)**

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

Carlos A. Martin      3635 S.W 75 Avenue Miami, Fl 33155

**IN WITNESS WHEREOF**, the undersigned incorporator(s) has have executed these Articles of Incorporation this 14<sup>th</sup> day of April 1999.

Signature(s) of Incorporator(s)

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501, 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.

The name of the corporation is: **C.M.D. NETWORK, CORP.**

The name and address of the registered agent and officer is:

**Carlos A. Martin  
3635 S.W 75 Avenue  
Miami, FL 33155**

SIGNATURE   
(Corporate Officer)

TITLE President

DATE 4/14/99

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 ACCEPT THE DUTIES AND OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE   
(Registered Agent)

DATE 4/14/99

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