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HAZARDUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

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MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

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-06/08/99--01049--025

*****78.75 *****78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. FAMILY MEDICAL PLUS SERVICES, INC. (Corporation Name) (Document #)

2. (Corporation Name) (Document #)

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

☒ Walk in ☒ Pick up time *2:00*

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
99 JUN -9 PM 1:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
JUN 9 1999
TALLAHASSEE FLORIDA

Examiner's Initials

ARTICLES OF INCORPORATION

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.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I- NAME

The name of the corporation shall be:

FAMILY MEDICAL PLUS SERVICES, INC.

ARTICLE II- PRINCIPAL OFFICE

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

15-A WEST CANAL STREET NORTH
BELLE GLADE, FLORDIA 33430

AND

11348 QUAIL ROOST DRIVE
MIAMI, FLORIDA 33157

ARTICLE III- SHARES

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

100 Shares having and individual par value of \$1.00

ARTICLE IV- INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

VICTOR SIERRA
11346 Quail Roost Drive
Miami, Florida 33157

ARTICLE V- INCORPORATOR(S)

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

VICTOR SIERRA.-

11348 Quail Roost Driver
Miami Lakes, Florida 33157

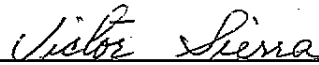
ARTICLE VI- DIRECTOR(S)

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

VICTOR SIERRA.-

100%-Percent Shares
President
11348 Quail Roost Drive
Miami, Florida 33157

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 5th day of June, 1999.



Signature

Article of Incorporation
Filing Fee- \$35

CERTIFICATE OF REGISTERED AGENT
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: FAMILY MEDICAL PLUS SERVICES

2. The name and address of the registered agent and office is:

VICTOR SIERRA
(NAME)

11348 Quail Roost Drive
(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA 33157
(CITY/STATE/ZIP)

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 Victor Sierra

DATE 6-5-99

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TALLAHASSEE FLORIDA