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TRANSMITTAL LETTER

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

300002984933--5
-09/13/99--01065--005
*****70.00 *****70.00

SUBJECT: Extra Medical Clinic INC.
(Proposed corporate name - must include suffix)

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 of Status	☐ $78.75 Filing Fee & Certified Copy	☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Juan Alonso
Name (Printed or typed)

1855 W 60th St. #433
Address

Hialeah Fl 33012-8908
City, State & Zip

305 698 3997
Daytime Telephone number

FILED
99 SEP 13 AM 7:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

9-20
WC

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.

FILED
99 SEP 13 AM 7:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Extra Medical Clinic Inc.

ARTICLE II PRINCIPAL OFFICE

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

1710 SW 27 Ave
Miami Fl. 33145-5241

ARTICLE III SHARES

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

200 = 100 by President & 100 by Vice President

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Juan Alonso
1855 W 60 St #433 Hialeah Fl. 33012-8908

ARTICLE V INCORPORATOR

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

Mayra V. Perez
1300 SW 122 Ave. #405 Miami Fl 3384

Signature/Incorporator — Date: Sept 9-99

(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 — Date: Sept 9-99

Loss / Profit Distribution

50% Juan Alonso
President

50% Mayra V. Perez
Vice-President

Juan Alonso

Sept 9-99
Date

Mayra V. Perez

Sept 9-99
Date