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SECRETARY OF STATE
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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. J&M MED SERVICES, CORP.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

DEPT. OF STATE
CORPORATIONS
DIVISION
TALLAHASSEE, FLORIDA

99 OCT 22 AM 11:50

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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

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-10/22/99-01078-010

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

Examiner's Initials

Date OCTOBER 21, 1999

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re J&M MED SERVICES, CORP., Inc.
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

(individual's name)

J&M MED SERVICES, CORP.

(name of corporation)

MAILING ADDRESS OF CORPORATION		
5180 N.W. 7 STREET #703		
MIAMI, FLORIDA 33126		
PHONE _____		
(305)	461-0825	_____
Area Code	Phone Number	Ext.

ARTICLES OF INCORPORATION

of

J&M MED SERVICES, CORP.

(name of corporation)

The undersigned subscriber(s) to these Articles of incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

J&M MED SERVICES, CORP.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue FIVE HUNDRED shares (500) of ONE Dollar(s) (\$ 1.00) par. value Common Stock, which shall be designated "Common Shares".

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	JUAN MARANON
ADDRESS	5180 N.W. 7 STREET #703
CITY	MIAMI
STATE	FLORIDA
ZIP	33126

The principal office, if known, or the mailing address of the corporation is:

NAME	J&M MED SERVICES, CORP.
ADDRESS	5180 N.W. 7 STREET #703
CITY	MIAMI
STATE	FLORIDA
ZIP	33126

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	JUAN MARANON	PRESIDENT
ADDRESS	5180 N.W. 7 STREET #703	
CITY	MIAMI	STATE FLORIDA ZIP 33126
NAME	MARLENE MARANON	VICE PRESIDENT
ADDRESS	5180 N.W. 7 STREET #703	
CITY	MIAMI	STATE FLORIDA ZIP 33126
NAME		
ADDRESS		
CITY		STATE ZIP

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TALLAHASSEE, FLORIDA

Article VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	JUAN MARANON		
ADDRESS	5180 N.W. 7 STREET #703		
CITY	MIAMI	STATE	FLORIDA ZIP 33126
NAME	MARLENE MARANON		
ADDRESS	5180 N.W. 7 STREET #703		
CITY	MIAMI	STATE	FLORIDA ZIP 33126
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation this 21 day of OCTOBER, 19 99

(Seal)

[Signature]

(Seal)

[Signature]

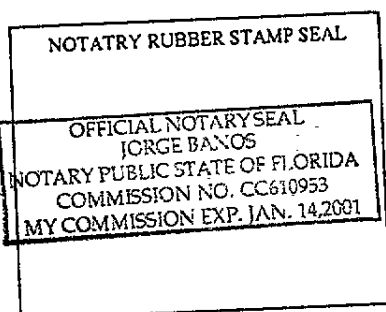
(Seal)

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared: JUAN MARANON AND MARLENE MARANON

<p>_____ Signature</p> <p><i>[Signature]</i> _____ Signature</p> <p><i>[Signature]</i> _____ Signature</p>	<p>Form of Identification</p> <p>FL DL#M655-433-46-224-0</p> <p>Form of Identification</p> <p>FL DL#M655-540-52-865-0</p> <p>Form of Identification</p>
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known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that THEY executed these articles of Incorporation, that I relied upon the form _____ of identification of the above named person _____ as indicated opposite each name, and that an oath was not taken.



Witness my hand and official seal in the County and State last aforesaid this 21 day of OCTOBER, 19 99

[Signature]

Notary Signature

JORGE BANOS

Printed Notary Signature

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF

J&M MED SERVICES, CORP.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation
at 5180 N.W. 7 STREET #703


MIAMI, FLORIDA 33126

has named JUAN MARANON

located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.


(registered agent)

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