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DEPARTMENT OF STATE CIVISION OF CORPORATION

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CORPORATE FILING SERV	ICE
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CORPORATION NAME(S) & DOCUME	Office Use Only NT NTMRER(S) (if known):
AL HEALTH	SERVICES, INC.
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
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NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
ODODDO (Gran)	Examiner's Initials

CR2E031(7/97)

ARTICLES OF INCORPORATION

The undersigned incorporate (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:

AL HEALTH SERVICES, INC.

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ARTICLE II - PRINCIPAL OFFICE

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

325 SOUTH BISCAYNE BLVD. #3814 MIAMI, FL 33131

ARTICLE III - SHARES

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

ONE HUNDRED SHARES AT \$1.00 PER VALUE

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARIA ALEJANDRA LABRADA 325 SOUTH BISCAYNE BLVD. APT. 3814 MIAMI, FL 33131

ARTICLE V - INCORPORATOR

The name and street address of the incorporate to these Articles of Incorporation is:

MARIA ALEJANDRA LABRADA 325 SOUTH BISCAYNE BLVD. APT. 3814 MIAMI, FL 33131

The undersigned incorporator has executed these Articles of incorporation this 11 day of JANUARY. 2007.

Signature

MARIA ALEJANDRA LABRADA

ARTICLE VI - DIRECTOR (S)

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

PRESIDENT VICE-PRESIDENT SECRETARY TREASURER MARIA ALEJANDRA LABRADA 325 S. BISCAYNE BLVD. #3814 MIAMI, FL 33131

100%

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Hallerlan	
Signature MARIA ALEJANDRA LABRADA	
Witness my hand and official seal at Hialeah, Dade county, Florida, this <u>11</u> days of <u>JANUARY</u> 2007.	
Notary Public, State of Florida	~

My Commission Expires: