

P07000008252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

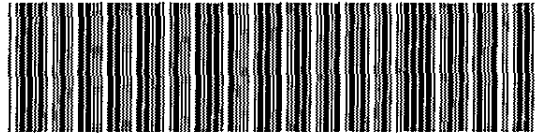
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100084572191

01/18/07--01005--017 \*\*315.00

RECEIVED FILED  
DIVISION OF STATE CORPORATIONS  
07 JAN 18 AM 10:28  
JAN 18 PM 1:37  
TALLAHASSEE FLORIDA

WH

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

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

1. Health City, Corp.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in       Pick up time \_\_\_\_\_       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

Examiner's Initials

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JAN 18 PM 1:37

**ARTICLE I NAME**

The name of the corporation shall be:  
HEALTH CITY, CORP.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:  
3641 SW 161 TERRACE  
MIRAMAR, FL 33027

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:  
100 SHARES

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):  
ARMANDO QUIRANTES - PRESIDENT/SECRETARY  
3641 SW 161 TERRACE  
MIRAMAR, FL 33027

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
ARMANDO QUIRANTES  
3641 SW 161 TERRACE  
MIRAMAR, FL 33027

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
ARMANDO QUIRANTES  
3641 SW 161 TERRACE  
MIRAMAR, FL 33027

\*\*\*\*\*  
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Armando Quirantes  
Signature/Registered Agent

1/12/07  
Date

Armando Quirantes  
Signature/Incorporator

1/12/07  
Date