P08000094634

(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:				

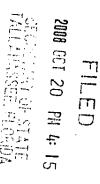
Office Use Only



900136790319

10/20/08--01013--015 **78.75





T. Burch OCT 2 1 2008

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

	Office Use Only
PORATION NAME(S) & DOCUM	ENT NUMBER(S), (if known):
EXULTO HEALT (Corporation Name)	H SERVICES, Inc
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
•	
(Corporation Name)	(Document #)
Walk in Pick up time	2 · 0 8 Certified Copy
Mail out Will wait	Photocopy Certificate of Statu
_	
EW FILINGS	<u>AMENDMENTS</u>
Profit	Amendment
Not for Profit Limited Liability	Resignation of R.A., Officer/Director Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	☐ Merger
THER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	☐ Foreign
Fictitious Name	Limited Partnership
	Reinstatement Trademark
	Other
E031(7/97)	Examiner's Initials

FILED

ARTICLES OF INCORPORATION. JALLABASSE FLORIDA

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.

ARTICLE I NAME

The name of the corporation shall be: EXULTO HEALTH SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

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

16753 N.W. 10 ST PEMBROKE PINES,FL 33028

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: FIVE (500) HUNDRED SHARES ONE DOLLAR (1) PER VALUE COMMON STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JULIO E. LEON 16753 N.W. 10 ST PEMBROKE, PINES, FL 33028

ARTICLE V INCORPORATOR(S)

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

JULIO E. LEON 16753 N.W. 10 ST PEMBROKE PINES,FL 33028

ARTICLE VI DIRECTOR(S)

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

KIMBERLY S. LEON (PRESIDENT))
16753 N.W. 10 ST PEMBROKE PINES, FL 33028

JULIO E. LEON (VICE-PRESIDENT)
16753 N.W. 10 ST PEMBROKE PINES, FL 33028

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 17 day of OCTOBER 2008.

× Ju	en fern	
	Signature	
	Signature	
	Signature	

CERTIFICATE OF DESIGNATION 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:	EXULTO 1	HEALTH	SERVICES, INC
----	---------------------------------	----------	--------	---------------

2.	The name and	l address o	f the	registered	agent and	office is:

JULIO E. LEON

(NAME)

16753 N.W. 10 ST

(P.O. BOX NOT ACCEPTABLE)

PEMBROKE PINES, FL 33028

(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

DATE 10/17/2008