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FLORIDA PROFIT/NON PROFIT CORPORATION A & A HEALTH SYSTEMS INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
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August 04, 2011

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of A&A Health Systems Inc.
of Doc # P10000038974 are the same owners of the attached
articles of incorporation. We have dissolved the company and have no intention
of reopening it. Thank you for your help in this matter.

Very sincerely,

x [Signature]

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ARTICLES OF INCORPORATION

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:

A & A Health Systems Inc.

ARTICLE II - PRINCIPAL OFFICE

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

9600 SW 8st. suit 35
Miami, FL 33174

ARTICLE III - SHARES

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

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Aurelio Cabrera
1235 SW 24 Ave
MIAMI, FL 33135

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ARTICLE V - INCORPORATOR

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

Aurelio Cabrera
1235 SW 24 AVE
MIAMI, FL 33135

The undersigned incorporator has executed these Articles of Incorporation this

4 day of August 20 11.

x 
Signature


ARTICLE VI- DIRECTOR (S)

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

Aurelio Cabrera (President)

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.

x 
Registered Agent Signature

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