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COVER LETTER -

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Solis Ho	ealth Plans, Inc.		
SCD0ECT	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	PY REQUIRED
FROM:		e (Printed or typed)	
P.C	D. Box 11247	Address	<u> </u>
Tal	lahassee, Florida 32302-1247	Address	
	City	, State & Zip	
(85	(0) 425-4000		
	Daytime	Telephone number	
tim	@meenanlawfirm.com		
	E-mail address: (to be use	ed for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.

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

RTICLE II PRII	NCIPAL OFFICE Principal <u>street</u> address	Ma	iling address, if different is:
225 West College Avenue		P.O. Box 11	247
Γallahassee, Florida 3	ee, Florida 32301 Tallahassee, Florida 32302-1247		Florida 32302-1247
ARTICLE III PUR. The purpose for which	POSE Any and a the corporation is organized is:	all lawful business.	· · · · · · · · · · · · · · · · · · ·
	of stock is:		
the number of shares of the number o	of stock is:	Name and Title:	
The number of shares of the number of the number of the number of shares of the number of	IAL OFFICERS AND/OR DIRECTORS Doug Cook, President and Director		ATTOM 23 PH
The number of shares of the nu	MAL OFFICERS AND/OR DIRECTORS The: Doug Cook, President and Director 325 West College Avenue	Address:	HID 23 PH 12:1
The number of shares of the nu	MAL OFFICERS AND/OR DIRECTORS Doug Cook, President and Director 325 West College Avenue Tallahassee, Florida 32301	Address: Name and Title: Address:	HID 23 PH 12:1
The number of shares of the nu	MAL OFFICERS AND/OR DIRECTORS Doug Cook, President and Director 325 West College Avenue Tallahassee, Florida 32301	Address: Name and Title: Address:	ATTALACTE STATE

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Timothy J. Meenan Address: 325 West College Avenue Tallahassee, Florida 32301 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Timothy J. Meenan Address: 325 West College Avenue Tallahassee, Florida 32301 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Haying been named as registered agent to accept service of process for the above stated corporation at the place designated in this certififue. I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I yobmit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document by the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Required Signature/Incorporator Page 15	Name	and Title:	Name and Title:	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Timothy J. Meenan 325 West College Avenue Tallahassee, Florida 32301 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Timothy J. Meenan 325 West College Avenue Address: Timothy J. Meenan 325 West College Avenue Tallahassee, Florida 32301 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Haying been named as registered agent to accept service of process for the above stated corporation at the place designated in this certifithe, I am familiar with and accept the appointment as registered agent and agree to act in this capacity ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Haying been named as registered agent to accept service of process for the above stated corporation at the place designated in this certifithe, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent Date I stomit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document prior the appointment as third degree felony as provided for in s.817.155, F.S.	Addre	ess	Address:	
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Address: Tallahassee, Florida 32301	The name and	address of the Incorporator is:	24.23 	2.
Address: Tallahassee, Florida 32301	Name:	Timothy J. Meenan		12
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	Address:	325 West College Avenue		ប៊ូប
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