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DEPT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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. Pro-Salud Bolivia, Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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☐ Will wait

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☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input checked="" 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 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

PRO-SALUD BOLIVIA, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

11 SIDONIA AVE - APT 2 - CORAL GABLES, FL 33134

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**THIS ORGANIZATION WILL PROVIDE ASSISTANCE TO THE BOLIVIAN COMMUNITY WHO DO NOT HAVE MONETARY MEAN FOR MEDICAL PURPOSE.**

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

BY MINUTES AND BYLAWS

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

List name(s), address(es) and specific title(s):

RUBEN LEDEZMA (DP)

NANCY CHACON (DVP)

JENNY HERNANDEZ (DT)

RAUL IVAN BENAVENTE (DS)

11 SIDONIA AVE - APT 2 - CORAL GABLES, FL 33134

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

NANCY CHACON

11 SIDONIA AVE - APT 2 - CORAL GABLES, FL 33134

**ARTICLE VII INCORPORATOR**

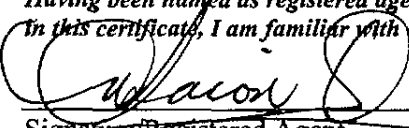
The name and address of the Incorporator is:

JENNY HERNANDEZ

11 SIDONIA AVE - APT 2 - CORAL GABLES, FL 33134

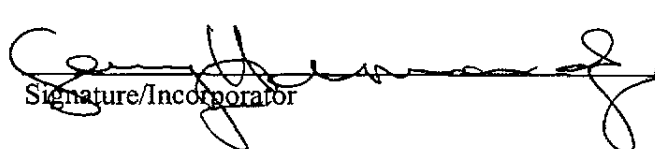
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

  
\_\_\_\_\_  
Signature/Registered Agent

OCTOBER 13, 2005

Date

  
\_\_\_\_\_  
Signature/Incorporator

OCTOBER 13, 2005

Date

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05 OCT 14 PM 1:54  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA