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SECRETARY OF STATE
TALLAHASSEE, FLORIO

JUN 15 2009 D. A. WHITE

CQVER LETTER

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

SUBJECT: Multicultural	Health Institute, Inc. (PROPOSED CORPORA)	TE NAME – MUST INCLU	DE SUFFIX)
Enclosed is an original an \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate
FROM:	Lisa Merritt, M.D. Name (Pr	inted or typed)	_
	501 North Beneva Road, Su A	ite 600 ddress	
Sarasota, Florida, 34232 City, State & Zip			
	941-906-9484 Daytime Te	lephone number	-

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

ARTICLES OF INCORPORATION In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of this corporation is "The Multicultural Health Institute, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, is 501 North Beneva Road, Suite 600, Sarasota, FL 34232

ARTICLE III PURPOSE

The specific purpose of this corporation is to: Gather and disseminate information through global resource developments to address and inform health, medical, and professional organizations on developments and improvements of multi-cultural health care delivery.

ARTICLE IV MANNER OF ELECTION

Directors of the corporation are elected by board members at annual board meetings.

ARTICLE V MANNER OF DISSOLUTION

This corporation is ongoing except that dissolution shall occur upon passage of a resolution to dissolve by a two-thirds majority vote of the directors.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

Lisa Merritt, M.D., Founder and Executive Director Curtis Yew, CPA, Treasurer Teresa Petterson, MD, MPA, Secretary

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

Lisa Merritt, MD

501 North Beneva Road, Suite 600,

Sarasota, FL 34232

ARTICLE VII INCORPORATOR

Lisa Merritt, MD

501 North Beneva Road, Suite 600,

Sarasota, FL 34232

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 Date

Signature/Incorporator Date

FILED