

P 00000030289

TRANSMITTAL LETTER

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

500003176015--5
-03/20/00--01101--008
*****78.75 *****78.75

SUBJECT: SOUTH HEALTH NETWORK, Inc.
(Proposed corporate name - must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAR 20 AM 8:25

FILED

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: KADEL T. OLIVER
Name (Printed or typed)

1180 SW 141 Ave
Address

MIAMI FLORIDA 33184
City, State & Zip

(305) 248 3488
Daytime Telephone number

F. G. HOGAN

MAR 27 2000

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

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:

SOUTH HEALTH NETWORK, Inc

00 MAR 20 AM 8:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE II PRINCIPAL OFFICE

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

1180 SW 141 Avenue
MIAMI FLORIDA 33184

ARTICLE III SHARES

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

100 @ \$1.00
per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

KADEL Torres - Oliver
1180 SW 141 Ave
MIAMI FL 33184

ARTICLE V INCORPORATOR(S)

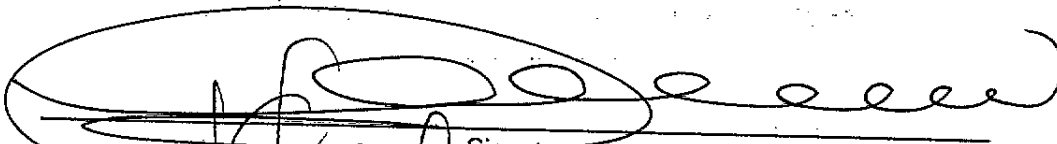
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

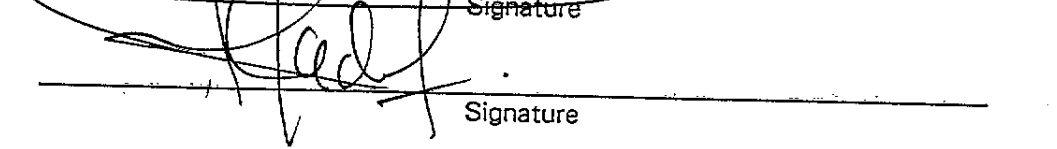
KADEL TORRES - OLIVER
1180 SW 141 AVE
MIAMI FLORIDA 33184
DIRECTOR

AIDELYN TORRES - OLIVER
1180 SW 141 AVE
MIAMI FLORIDA 33184
DIRECTOR

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

17th day of MARCH, 2000



Signature


Signature

Signature

Articles of Incorporation
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 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: SOUTH HEALTH NETWORK, Inc

2. The name and address of the registered agent and office is:

KADEL TORRES - OLIVER
(Name)

1180 SW 141 AVE
(P.O. Box not acceptable)

MIAMI FLORIDA 33184
(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAR 20 AM 8:26

FILED

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.

Kadel
(Signature)

3/17/00