

OFFICE USE

7000044129

EXPRESS CORPORATE FILING SERVICE INC

(Requestor's Name)

1000 PONCE DE LEON BLVD. STE:112

(Address)

CORAL GABLES, FLORIDA 33134

(City, State, Zip)

(305) 444-4994

(Phone#)

(305) 444-4977

(FAX#)

OFFICE USE ONLY

FILED
00 MAY -4 AM 11:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. VCS CYBER HEALTH NETWORK INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

RECEIVED
00 MAY -4 AM 10:04
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

☐ Walk in ☒ Pick up time _____

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

attn: Loria

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input 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

*Please file
Corporation
first & fict.
name second*

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

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-05/04/00--01044--002
*****78.75 *****78.75

Examiner's Initials

ARTICLES OF INCORPORATION
FOR
VCS CYBER HEALTH NETWORK INC.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

VCS CYBER HEALTH NETWORK INC.

ARTICLE II PRINCIPAL OFFICE

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

P.O. BOX 142027
CORAL GABLES, FL 33114-2027

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have shall be:

SHARES: 500 @ \$1.00

ARTICLE IV REGISTERED AGENT

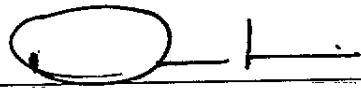
The name and Florida street address of the initial registered agent shall be:

DENNIS NUNEZ
2233 S.W. 16 ST.
MIAMI, FL 33145

ARTICLE V INCORPORATOR

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

RAMIRO MARRERO SR.
CARLOS PEREYRA
DENNIS NUNEZ
RAYME MARRERO
RAMIRO MARRERO JR.
P.O. BOX 142027
CORAL GABLES, FL 33114-2027



Signature of Incorporator

5/3/00

Date

ARTICLE VI DIRECTOR(S)/OFFICER(S)

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

RAMIRO MARRERO SR. (P/D) 20%

CARLOS PEREYRA (VP) 20%

DENNIS NUNEZ (S/D) 20%

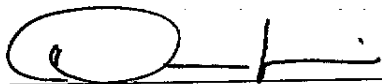
RAYME MARRERO (T/D) 20%

RAMIRO MARRERO JR. (D) 20%

P.O. BOX 142027

CORAL GABLES, FL 33114-2027

Having been named as registered and to accept service of process for the above started 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.



Signature of Registered Agent

5/3/00

Date

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