Azarus corporate filing service Miami, Florida (305)552-5973	
(City, State, Zip) (Phone #) TERESA ROMAN (TALLAHASSEE REPRESENTATIVE) OFFICE USE ONLY	
CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):	
1. <u>ANGELINA HEALTH CARETNC</u> (Corporation Name) 2. (Corporation Name) 3. (Corporation Name) (Document #) (Document #)	
Other Merger OTHER FUNGS Annual Report Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Trademark Other Examiner's Initials	

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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:

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name of the corporation shall be: Ongeling Health Care Inc. PH 12:

ARTICLE II - PRINCIPAL OFFICE

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

- 6835 SW 148 ct HIAMI, Fl. 33193

ARTICLE III -SHARES

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

100.

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Alejandro López 6835 Sul 148 CT Miami FL 33193.

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is: Eduardo Galerra

6835 Jul 148 05 Miami FL 33193

The undersigned incorporator has executed these Articles of Incorporation this 29 day of 20957 2000

ARTICLE VI- DIRECTOR(S)

Signature

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

Qlejandra López President 6835 SW 148CT Migmi FL 33193. Eduardo Guerra Vicepresident. 6835 SW 148CT Migmi FL 33193.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature