

701000044961

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

SUBJECT: HEALTH AID TOOLS, INC.
(Proposed corporate name - must include suffix)

600004092516--0
-04/30/01--01123--004
****131.25 *****87.50

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: GENE LEZCANO
Name (Printed or typed)

895 S.W. 172ND TERR
Address

PEMBROKE PINES, FL 33029
City, State & Zip

(954) 450-5541
Daytime Telephone number

FILED
01 APR 30 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

5-4-01
KAC

ARTICLES OF INCORPORATION

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

FILED
01 APR 30 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

HEALTH AID TOOLS, INC.

ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 826451
S.F.A., FL. 33082-6451

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

GENE LEZCANO
895 S.W. 172ND TERR
PEMBROKE PINES, FL 33009

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

"SAME AS REGISTERED AGENT"

GENE LEZCANO
895 S.W. 172ND TERR
PEMBROKE PINES, FL 33009
4-27-81

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested.)

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.

Signature/Registered Agent

Date

4-27-81