OFFICE SON (D. JU. NIT.) LA ARUS CORPORATE FILIN	IG SERVICE	446		3
3320 S.W. 87 AVENUE				
MIAMI, FLORIDA (305)552-5973		-		
TERESA ROMAN (TALLAHASSEE REI	PRESENTATIVE			· —
		OFFICE USE ONLY		
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NEW FILINGS Profit	AMENDME Amendment		24 PM 1:27 ARY OF STATE SSEE FLORIDA	. <u></u>
NonProfit	Resignation of R./ Change of Register		ATE 27	
. Limited Liability Domestication	Dissolution/Withdra			
Other	Merger			
OTHER FILNES Annual Report Fictitious Name Name Reservation	REGISARATION	1	**************************************	O <u> </u>

Other

Examiner's Initials

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.

Alcordan Services Conference of the Services o

ARTICLE I

THE NAME OF THE CORPORATION SHALL BE:

Lood Health Center Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

3951 N.W. 5St Miani Fl. 33126

ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

500 Thares.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

Muel JARCIA 395, N.W. S.Lt Mani Fl. 33126

ARTICLE V INCORPORATOR(R)

THE NAMES AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO THESE
ARTICLES OF INCORPORATION IS (ARE): Pavel Parcia Regerta (egent) Royana Rodrigues and Vice Prendent) Evelyn Martich (vice Prendent)
ARTICLE VI DIRECTOR(S)
THE NAME(S) AND STREET ADDRESS(ES) OF THE DIRECTOR(S) TO THESE
ARTICLES OF INCORPORATION IS (ARE): Parel, Roxana & Evelyn. 3951 NW. S. At
Mrani F1. 33136
THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE) EXECUTED THESE
ARTICLES OF INCORPORATION THIS 22 DAY OF April 2002
* Paul Gaise SIGNATURE
FIGNATURE POLITICAL STATES
SIGNATURE

CERTIFICATE OF DESIGNATION REGISTERED AGENT\REGISTERED OFFICE

PERSUANT TO THE PROVISIONS OF SECTIONS 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 AGEN, IN THE STATE OF FLORIDA.

REGISTERED AGEN, IN THE STATE OF FLORIDA.	
THE NAME OF THE CORPORATION IS:	
Good Health Center Inc.	egene e
THE NAMES AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:	
NAME: PAVEL GARCIA	4
ADDRESS 3951 N.W. 5 St	
CITY, STATE, ZIP Wionin F 33126	;
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE 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 PERTAINING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIE, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT	Т
SIGNATURE & Paul & Cairo	
DATE: $4/32/02$	
TAKE TO THE PARTY OF THE PARTY	S 02

02 APR 24 PH 1:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA
