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TRANSMITTAL LETTER

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

100006325951--8  
-07/11/02--01028--001  
\*\*\*\*122.50 \*\*\*\*78.75

SUBJECT: BISCAYNE HEALTH INSTITUTE INC.  
(Proposed corporate name-must include suffix)

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

  X  \$ 122.50    
Filing fee  
& Certified Copy

    \$ 131.25      
Filing Fee,  
Certified Copy  
& Certificate

FROM: JOSE J. QUIROS  
Name (printed or typed)

444 SW 64 CT  
Address

MIAMI, FLORIDA 33144  
(City/State/Zip)

(305) 267-4187  
Daytime Telephone Number

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 JUL 11 AM 10:05

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

BR 7/12

FILED  
"SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JUL 11 AM 10:05

## **ARTICLE OF INCORPORATION**

**BISCAYNE HEALTH INSTITUTE INC..**

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:

**BISCAYNE HEALTH INSTITUTE INC.**

### **ARTICLE II PRINCIPAL OFFICE**

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

**5570 NE. 4 AVE. MIAMI, FLORIDA 33137**

### **ARTICLE III SHARES**

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

**FIVE HUNDRED (500) SHARES WITH ONE DOLLARS (\$1.00) PER VALUE PER SHARES.**

### **ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**JOSE J. QUIROS  
444 SW 64 CT  
MIAMI, FLORIDA 33144**

**ARTICLE V INCORPORATOR (S)**

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

**ARTURO GONZALEZ  
120 SW 31 st. RD  
MIAMI, FL. 33129**


**( PRESIDENT )**

**RAMON HERNANDEZ  
120 SW. 31 st. RD  
Miami, Fl. 33129**

**( VICE PRESIDENTE )**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 28 day of June, 2002.

  
Signature ( PRESIDENT )

  
Signature ( VICE PRESIDENT )

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JUL 11 AM 10:05

**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: **BISCAYNE HEALTH INSTITUTE INC..**

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

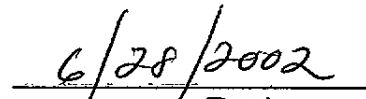
**JOSE J. QUIROS**  
Name

**444 SW 64 CT**  
(P.O.Box not acceptable)

**MIAMI, FLORIDA 33144**  
(City/State/Zip)

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 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 obligation of my position as registered agent.

  
(Signature)

  
(Date)

**DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL. 32314**