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02 JUL 24 PM 12: 27

. SECRETARY OF STATE TALLAHASSEE FLORIDA

AM,	FLORIDA (305)552-5973			
<u>lues/</u>	ROMAN (TALLAHASSEE	REPRESENTATIVE)	•	
	• .		OFFICE USE ONLY	
CO	RPORATION NAME(S) &	DOCUMENT NUMI	BER(S) (if known):	
1. /	MEALTH-C	ARD INC		
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## ARTICLES OF INCORPORATION

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The undersigned Incorporator(s), for the purpose of forming a SECRETARY OF STATE corporation under the Florida Business Corporation Act, hereby adopt(s) ASSEE FLORIDA the following Articles of Incorporation.

### ARTICLE I - NAME

The name of the corporation shall be:

HEALTH-CARD. Inc.

### ARTICLE II - PRINCIPAL OFFICE

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

5600 SW 135 AVE #106 Mijami FLD 33183

#### 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:

SCRGIO PINON 1810 SW 75T #3B. Mismi FLA 33135

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#### ARTICLE V - INCORPORATOR

SECRETARY OF STATE

The name and street address of the incorporator to these Articles of Incorporation is: Sersio Pinón

5600 SW 135 AVE #106 miami FLA 33183

The undersigned incorporator has executed these Articles of Incorporation this 23 day of JULY 20 02

Signature Jiv

ARTICLE VI- DIRECTOR(S)

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

Sensio Piñon (President). 18105W75+#3B

mismi Fla 33135

# 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