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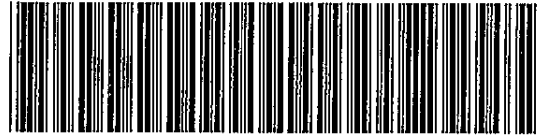
(Business Entity Name)

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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED 03 JAN -7 PM 1:46  
03 JAN -7 AM 11:08  
TALLAHASSEE, FLORIDA

FILED

OB 1/7

OFFICE USE ONLY(DOCUMENT # )

**LAZARUS CORPORATE FILING SERVICE**

**3320 S.W. 87 AVENUE**

**MIAMI, FLORIDA (305)552-5973**

**TERESA ROMAN ( TALLAHASSEE REPRESENTATIVE)**

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. HEALTH MANAGERS, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/<br>QUALIFICATION |                     |
|--------------------------------|---------------------|
| <input type="checkbox"/>       | Foreign             |
| <input type="checkbox"/>       | Limited Partnership |
| <input type="checkbox"/>       | Reinstatement       |
| <input type="checkbox"/>       | Trademark           |
| <input type="checkbox"/>       | 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.

FILED  
03 JAN -7 PM 1:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE I - NAME

*The name of the corporation shall be:*

HEALTH MANAGERS. INC

### ARTICLE II - PRINCIPAL OFFICE

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

9737 NW 41 ST  
SUITE 195  
MIAMI, FL. 33178

### ARTICLE III - SHARES

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

1000 SHARES

### ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

*The name and address of the initial registered agent is:*

PABLO ARTURO ITURRALDE  
535 SW 6 ST  
MIAMI, FL. 33130

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TALLAHASSEE, FLORIDA

**ARTICLE V - INCORPORATOR**

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

PABLO ARTURO ITURRALDE  
535 SW 6 ST.  
MIAMI, FL. 33130

***The undersigned incorporator has executed these Articles of Incorporation this*** 03 ***day of*** JAN ***20*** 03

  
Signature

**ARTICLE VI- DIRECTOR(S)**

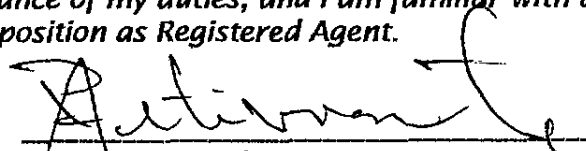
***The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):***

PABLO ARTURO ITURRALDE  
535 SW 6 ST  
MIAMI, FL. 33130

PRESIDENTE

**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