

P03000154535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

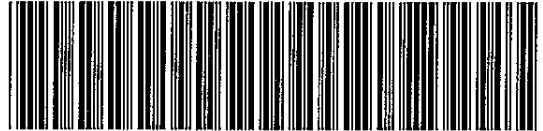
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500024791245

12/19/03 -01021--020 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 19 PM 4: 10
RECEIVED
03 DEC 19 AM 11: 37
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

12/22/03

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

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

1. South Beach Open line to Health INC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

Walk in

Pick up time _____

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/ 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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:
SOUTH BEACH OPEN LINE TO HEALTH INC.
EFF: 01-01-04

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:
1234 WASHINGTON AVE. STE: 204
MIAMI BEACH, FL 33139

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:
SHARES: 100 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
JEAN MARIO PIERRE (V/D)
YANELYS PEREZ (P/D)
1234 WASHINGTON AVE. STE: 204
MIAMI BEACH, FL 33139

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
JEAN MARIO PIERRE
1234 WASHINGTON AVE. STE: 204
MIAMI BEACH, FL 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
JEAN MARIO PIERRE
YANELYS PEREZ
1234 WASHINGTON AVE. STE: 204
MIAMI BEACH, FL 33139

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature Registered Agent

Date

Signature/Incorporator

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 19 PM 4: 10