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To:

Division of Corporations
Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

**FLORIDA PROFIT CORPORATION OR P.A.
COMPREHENSIVE HEALTH STRATEGIES, INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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DIVISION OF CORPORATIONS
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**ARTICLES OF INCORPORATION
OF
COMPREHENSIVE HEALTH STRATEGIES, INC.**

The undersigned natural person, acting to form a corporation under the laws of the State of Florida that provide for the formation of a corporation for profit, with the powers, rights, privileges and immunities hereinafter mentioned, do hereby make, subscribe, acknowledge and file with the Secretary of State of the State of Florida these Articles of Incorporation; and to that end set forth:

ARTICLE I

The name of the corporation shall be:

COMPREHENSIVE HEALTH STRATEGIES, INC.

ARTICLE II

The initial post office address of the principal office of the corporation in Florida will be:

1717 N Bayshore Drive Suite 2151
Miami, FL 33132

ARTICLE III

This corporation will engage and is empowered to engage in any business permitted under the laws of the United States of America and of the State of Florida.

ARTICLE IV

The Total number of shares of stock which this Corporation is authorized to have outstanding is defined as follows :

| <u>Class</u> | <u>No. Shares</u> | <u>Par Value</u> |
|--------------|-------------------|------------------|
| Common | 7,500 | \$ 1.00 |

Prepared by
Barbara Grant
1717 N Bayshore Drive Suite 2151
Miami, FL 33132
305-934-8027

ARTICLE V

The amount of capital this corporation will begin business with is:

FIVE HUNDRED DOLLARS (\$500.00)

ARTICLE VI

This corporation shall have perpetual existence.

ARTICLE VII

This corporation shall have THREE directors initially. The number of Directors may be increased or diminished from time to time, as provided by the By-Laws adopted by the stockholders.

ARTICLE VIII

The name and post office address of the member of the first Board of Directors of this corporation, and who shall hold office for the first year, or until their successor is chosen shall be:

Paola Coppola
1717 N Bayshore Drive Suite 2151
Miami, FL 33132

Gladys Coppola
1717 N Bayshore Drive Suite 2151
Miami, FL 33132

Barbara Grant
100 Lincoln Road Suite 910
Miami Beach, FL 33139

ARTICLE IX

The name and address of the officers of the Corporation, who shall hold office until their successor is chosen, shall be:

Paola Coppola
1717 N Bayshore Drive Suite 2151
Miami, FL 33132

President

Barbara Grant
100 Lincoln Road Suite 910
Miami Beach, FL 33139

Vice President

Gladys Coppola
1717 N Bayshore Drive Suite 2151
Miami, FL 33132

Secretary

ARTICLE X

The initial registered agent and registered office of the corporation shall be:

Rafael E. Rodriguez, Jr., CPA, CVA
9500 S Dadeland Blvd Suite 508
Miami, FL 33156

ARTICLE XI

These articles of incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by it to the stockholders, and approved at a stockholders' meeting by a majority of the stock entitled to vote thereon, unless all of the directors and all the shareholders sign a written statement manifesting their intention that a certain amendment of these articles of incorporation be made.

IN WITNESS WHEREOF, the undersigned, being the sole incorporator of the corporation identified above, declare that I have examined the foregoing this 29th day of July 2004, and do declare it to be true and correct.

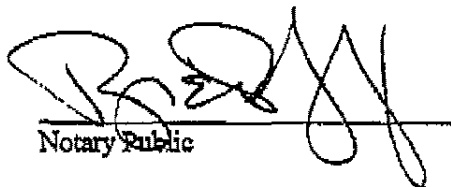
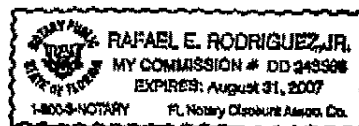
Barbara Grant
1717 N Bayshore Drive Suite 2151
Miami, FL 33132



COUNTY OF DADE)
) SS:
STATE OF FLORIDA)

THIS IS TO CERTIFY that on this 29th day of July 2004 before me, a notary public, personally appeared Barbara Grant who is personally known to me and who produced a Florida Drivers License and who I am satisfied is the person named as the sole incorporator and executor of the foregoing Articles of Incorporation, and who by his signature in my presence has acknowledged the same as his voluntary act.

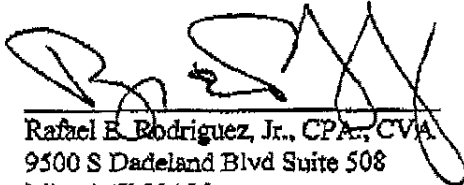
IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal on this 29th day of July 2004.


Notary Public

My commission expires

ACCEPTANCE OF REGISTERED AGENT APPOINTMENT

I, Rafael E. Rodriguez, Jr., CPA., CVA a natural person with an address 9500 S Dadeland Blvd Suite 508, Miami, Fl 33156, do hereby accept the appointment of Registered Agent of COMPREHENSIVE HEALTH STRATEGIES, INC. on this 29th. day of July of 2004.


Rafael E. Rodriguez, Jr., CPA., CVA
9500 S Dadeland Blvd Suite 508
Miami, Fl 33156

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