

# P04000132915

Florida Department of State  
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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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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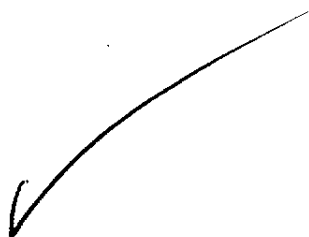
**FLORIDA PROFIT CORPORATION OR P.A.**  
**EVOLUTIONARY HEALTH CARE SOLUTIONS INC.**

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ARTICLES OF INCORPORATION

OF

EVOLUTIONARY HEALTH CARE SOLUTIONS INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The Name of the corporation shall be:

EVOLUTIONARY HEALTH CARE SOLUTIONS INC.

The principal place of business of this corporation shall be:

25425 SW 127 CT  
MIAMI, FL 33032

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

Aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any time is one hundred shares ( 100,000 ) at \$10.00 par value.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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ARTICLE V OFFICERS/DIRECTORS

The name(s) and street address(es) of the initial officer(s) and directors(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected is (are):

DIRECTOR/PRESIDENT LUIS E. LATORRE  
25425 SW 127 CT  
MIAMI, FL 33032

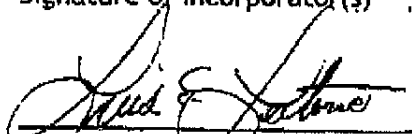
ARTICLE VI INCORPORATOR(S)

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

LUIS E. LATORRE  
25425 SW 127 CT  
MIAMI, FL 33032

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed the Articles of Incorporation this 17<sup>TH</sup> day of September, 2004.

Signature of incorporator(s)

  
LUIS E. LATORRE

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, 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.

The name of the corporation:

**EVOLUTIONARY HEALTH CARE SOLUTIONS INC..**

The name and address of the registered agent and office is:

LUIS E. LATORRE  
25425 SW 127 CT  
MIAMI, FL 33032

SIGNATURE: 

TITLE: President

DATE: 9/18/04

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE: 

DATE: 9/18/04

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