

PD 4000172878

(Requestor's Name)

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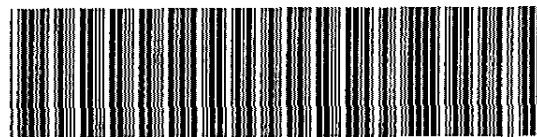
(Business Entity Name)

(Document Number)

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EFFECTIVE DATE

01-01-05

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LAZARUS CORPORATE FILING SERVICE

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MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

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

1. SUNRISE RELAX HEALTH CARE CORP.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)



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Pick up time

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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

OF

SUNRISE RELAX HEALTH CARE CORP.

04 DEC 28 AM 11:42

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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.

ARTICLE I: NAME EFFECTIVE DATE

The name of the corporation shall be:

SUNRISE RELAX HEALTH CARE CORP.

(effective date 1/1/2005)

ARTICLE II: PRINCIPAL OFFICE

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

397 SW 80th AVE MIAMI FL. 33144

ARTICLE III: CAPITAL STOCK

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

100 SHARES OF \$5.00 EACH (\$500.00)

ARTICLE IV: INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is:

TANIA FAJO 397 SW 80th AVE MIAMI FL. 33144

ARTICLE V: INCORPORATOR(S)

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

TANIA FAJO 397 SW 80th AVE MIAMI FL. 33144

WILFREDO FAJO 397 SW 80th AVE MIAMI FL. 33144

ARTICLE VI: DIRECTOR(S)

The name(s) of the director (s) in this corporation is (are):

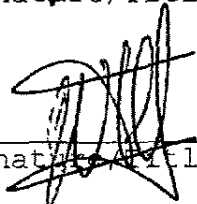
TANIA FAJO - PRESIDENT
397 SW 80th AVE
MIAMI FL. 33144

WILFREDO FAJO - VICE PRESIDENT
397 SW 80th AVE
MIAMI FL. 33144

The undersigned has (have) executed these Articles of Incorporation
this 14 Days of December. 2004.



Signature/Title



Signature/Title

Signature/Title

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

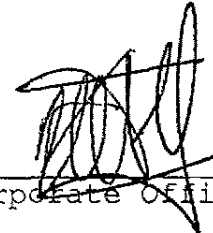
Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

SUBRISE RELAX HEALTH CARE CORP.

2. The name and address of the registered agents and office is:

TANIA FAJO
397 SW 80th AVE
MIAMI FL. 33144

SIGNED: 
(Corporate Officer)

TITLE: _____

DATE: _____

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: _____

REGISTERED AGENT FILING FEE: \$20.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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