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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 : (305)599-0839 Phone

Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

A. L. MEDICAL CENTER, INC.

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J. Shivers APR 1 5 2005



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 13, 2005

FAS-T CORP. AGENTS, INC.

SUBJECT: A.L. MEDICAL CENTER, INC. REF: W05000018628

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

YOU HAVE LISTED TWO REGISTERED AGENTS AND ONLY ONE CAN BE DESIGNATED PLEASE REMOVE THE ONE THAT HAS NOT SIGNED AS REGISTERED AGENT.,

If you have any further questions concerning your document, please call (850) 245-6955.

Suzanne Hawkes Document Specialist New Filings Section FAX Aud. #: R05000089850 Letter Number: 205A00025233

05 APR 14 AM 8: 14

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.

ARTICLE I NAME

The name of the corporation shall be: A.L. WELLNESS INSTITUTE, INC.

ARTICLE II PRINCIPAL OFFICE

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

666 WEST 81 TH STREET SUITE 205 HIALEAH, FL, 33014.

ARTICLE III SHARES

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

This corporation is authorized to issued 100 shares of \$ 1.00 per value common stock which shall be designated to 50% of President and 50% to Vice-President.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS.

The name and address of the initial registered agent is:

ALEXEI GONZALEZ 1521 SW 47 TERRACE FORT LAUDERDALE, FL, 33317.

ARTICLE V INCORPORATOR (S)

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

ALEXEI GONZALEZ 1521 SW 47 TERRACE FORT LAUDERDALE, FL, 33317

ARTICLE VI DIRECTOR(S)

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

ALEXEI GONZALEZ: 666 WEST 81 TH STREET SUITE 205 HIALEAH,FL,33014.

The undersigned incorporator (so has (have) executed these Articles of Incorporation this 11 days of APRIL, of 2005.

\$ A.S.L. K.

Signiture

Articles of Incorporation Filing Fee.

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: A.L. WELLNESS INSTITUTE, INC.	
2 The name and address of the registered agent and office is:	
TALEXEI GONZALEZ	
(NAME)	
666 WEST 81 TH STREET SUITE 205	
±	
(P.O.BOX NOT ACCEPTABLE)	
HIALEAH, FL, 33014	
(CITY/STATE/ZIP)	
HAVING BEEN NAMED AS REGISTERED AGENT AND TO	
ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED	
CORPORATION AT THE PLACE DESIGNATED IN THIS	
CERTIFICATE, 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 RELATING TO THE PROPER AND COMPLETE	
PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH	
AND ACCEPT THE OBLIGATIONS OF MY POSITION AS	
REGISTERED AGENT.	
SIGNATURE <u>ASL</u> R.	
DATE: <u>APRIL-11-2005</u>	

REGISTERED AGENT FILING FEE: \$ 35.00