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# **LAZARUS CORPORATE FILING SERVICE**

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MIAMI, FL 33105 (305) 552-597		
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CORPORATION NAME(S) & DOCUMEN	NT NUMBER(S), (if known):	
1. SOM X HEALTH C	PRESERVICE CORP.	
(Corporation Funds)	(Document #)	
2. (Corporation Name)	(Document #)	· . ·
3. (Corporation Name)	(Document #)	
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OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report	Foreign	
Fictitious Name	Limited Partnership Reinstatement	
	Trademark Other	
	Examiner's Initials	

CR2E031(7/97)

### 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:

SOMY HEALTH CARE SERVICE CORP.

### ARTICLE II - PRINCIPAL OFFICE

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

13338 SW 60 TR Miami FL. 33183

# ARTICLE III -SHARES

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

100

# ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SORRYA LOPEZ 13338 SW 60 TR

Miami FL. 33183

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SECRETARY OF STATIONALL AHASSEE FLORI

: XA'I

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### ARTICLE V - INCORPORATOR

Incorporation is:		NiniAd	FERNANdez
SORAYA lopez	3338 SW 60 TR		
	Miami FL. 33183	· · · · · · · · · · · · · · · · · · ·	

ARTICLE VI- DIRECTOR(S)

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

(President) SORAYA LOPEZ

VP) MIRIAM FERNANCEZ

13338 SW 60 TR Miami FL.33183

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature