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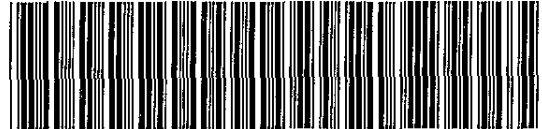
(Business Entity Name)

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STATE
TALLAHASSEE
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2005 JUL -5 PM 3:46
CLERK OF STATE
TALLAHASSEE FLORIDA

7/6/05

**LAZARUS
CORPORATE FILING SERVICE**

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

1. COUADONGA HEALTH CARE CORP.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

ARTICLES OF INCORPORATION

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

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TALLAHASSEE FLORIDA

ARTICLE I - NAME

The name of the corporation shall be:

COUADONGA HEALTH CARE CORP.

ARTICLE II - PRINCIPAL OFFICE

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

5275 NW 7ST #410
MIAMI FL 33126.

ARTICLE III - SHARES

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

100.

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

5275 NW 7ST #410
MIAMI FL 33126
JUAN C DIAZ

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

JUAN C DIAZ
5275 NW 7 AV MIAMI FL 33126

The undersigned incorporator has executed these Articles of Incorporation this 1 day of JULY 2005


Signature

ARTICLE VI- DIRECTOR(S)

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

JUAN C DIAZ (PRESIDENT)


SECRETARY OF STATE
TALLAHASSEE FLORIDA

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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