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Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC. Account Number : 071001002335

Account Number : 071001002335 Phone : (305)599~0839 Fax Number : (305)716~0346

FLORIDA PROFIT CORPORATION OR P.A.

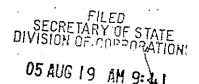
EDUNEL HEALTH SERVICES INC.

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ARTICLES OF INCORPORATION OF

EDUNEL HEALTH SERVICES INC.

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

ARTICLE I NAME

The name of the corporation shall be:

EDUNEL HEALTH SERVICES INC.

The principal place of business of this corporation shall be: 16382 sw 75 st, MIAMI, FL 33193

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

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

100 Shares \$ \$1.00 PV

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(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):

₱P) JOSE ALVAREZ - 16382 SW 75 ST, MIAMI, FL 33193
(VP) NELSY LOBAINA, 16382 NW 75 ST, MIAMI, FL 33193

ARTICLE VI INCORPORATOR(S)

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

JOSE ALVAREZ, 16382 SW 75 ST, MIAMI, FL 33193 NELSY LOBAINA, 16382 SW 75 ST, MIAMI, FL 33193

IN.	WITNESS Y	WHEREOF, the undersigned in	ncorporator(s) has (have)	
exe	cuted these	Articles of Incorporation this,_	19th	day
of_	August,	2005		

Signature(s) of Incorporator (s)

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 corporati	nn•	
EDUNEL HEALTH SERVICE	•	
2. The name and address of t	he registered agent and office is:	
JOSE ALVAREZ, 16382	SW 75 ST,	
(P.O. B	OX NOT ACCEPTABLE)	
MIAMI, FL 33193		
	CITY/STATE/ZIP) Signature	
	Title PRESIDENT	
	Date 08/19/05	
THE ABOVE STATED COR IN THIS CERTIFICATE, I H	ACCEPT SERVICE OF PROCESS FOR PORATION, AT THE PLACE DESIGNATED EREBY AGREE TO ACT IN THIS	
•	ER AGREE TO COMPLY WITH THE TUTES RELATIVE TO THE PROPER AND	
COMPLETE PERFORMANO	E OF MY DUTIES, AND LACCEPT THE	DIVIS
STATUTES.	SIGNATURE SIGNATURE	ISION OF CI
но5000199940 3	DATE 08/19/05	10 mm