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To:
Division of Corporations
Fax Number : (850)205-0381

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
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TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

QUINTERO HEALTH SERVICE INC.

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF

QUINTERO HEALTH SERVICE 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: QUINTERO HEALTH SERVICE INC.

The principal place of business of this corporation shall be:
4350 NW 9th Street #A-201, Miami, Fl 33126

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/S/T) Arnaldo F. Quintero 4350 NW 9 St #A-201, Miami, Fl 33126

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ARTICLE VI INCORPORATOR(S)

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

ARNALDO F. QUINTERO

4350 NW 9 Street #A-201

Miami, Fl 33126

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 19th day of Sept., 2005.

Signature(s) of Incorporator(s)

Arnaldo F. Quintero

STATE OF FLORIDA
COUNTY OF_____

THE FOREGOING instrument was acknowledged and sworn to before me this _____ day of_____, 19__, by_____
(Name of incorporator)
of_____
(Name of Corporation)

Notary Public

My Commission Expires:_____

(SEAL)

ARTICLES OF INCORPORATION FILING FEE:

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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: QUINTERO HEALTH SERVICE INC.

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

ARNALDO F. QUINTERO 4350 NW 9 STREET #A-201

(P.O. BOX NOT ACCEPTABLE)

Miami, Florida 33126

(CITY/STATE/ZIP)

SIGNATURE: _____
(corporate officer)

TITLE President

DATE 09/19/05

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 09/19/05

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REGISTERED AGENT FILING FEE: