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

1. HEALTH CARE SEMINAR ORGANIZATION, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

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**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  
OF  
HEALTH CARE SEMINAR ORGANIZATION, INC.

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STATE  
TALLAHASSEE FLORIDA

The undersigned subscriber to these Articles of Incorporation, is a natural person, competent to contract and hereby forms a corporation for profit under the laws of the State of Florida.

ARTICLE I - NAME

The name of the corporation is HEALTH CARE SEMINAR ORGANIZATION, INC.

ARTICLE II - PRINCIPAL OFFICE

The address of the principal office of this corporation is 1790 W 49<sup>TH</sup> Street, Suite 110-1, Hialeah, Fl 33012. The Board of Directors may, from time to time, designate such other address and place for the principal office of this corporation as it may see fit.

ARTICLE III - PURPOSE

The corporation may engage in any activity or business permitted under the laws of the United States and under the laws of the State of Florida.

ARTICLE IV - CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any time is one hundred (100) shares of common stock, each share having the par value of One Dollar (\$1.00).

ARTICLE V - INITIAL CAPITAL

The amount of capital with which this corporation shall begin is ONE HUNDRED DOLLARS (\$100.00).

ARTICLE VI - TERM OF EXISTENCE

The corporation shall have perpetual existence.

ARTICLE VII - DIRECTORS

The corporation shall have two directors initially. The number of directors may be increased or diminished from time to time by the By-Laws of the corporation.

The names and street addresses of the first Board of Directors who shall hold office until their successors are elected and have qualified are as follows:

Name	Address
Vicente Quinones	1790 W 49 <sup>th</sup> Street, Suite 110-1 Hialeah, Fl 33012
Oscar Barreto	1790 W 49 <sup>th</sup> Street, Suite 110-1 Hialeah, Fl 33012

ARTICLE VIII - OFFICERS

The names, addresses and offices of the officers of the corporation who shall serve until the first election or appointment under these Articles of Incorporation are:

NAME	ADDRESS	Position
Vicente Quinones	1790 W 49 <sup>th</sup> Street. Suite 110-1 Hialeah, Fl 33012	President
Oscar Barreto	1790 W 49 <sup>th</sup> Street. Suite 110-1 Hialeah, Fl 33012	Vice President Secretary

ARTICLE IX - SUBSCRIBER

The name and street address of the subscriber to these Articles of Incorporation is as follows:

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NAME

Vicente Quinones

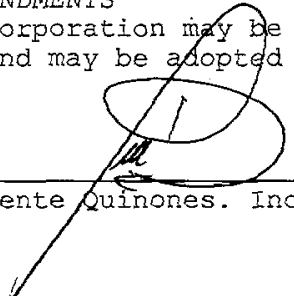
ADDRESS

1790 W 49<sup>th</sup> Street. Suite 110-1  
Hialeah, Fl 33012

STATE  
TALLAHASSEE FLORIDA

ARTICLE X - AMENDMENTS

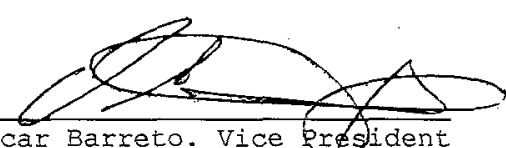
Amendments to these Articles of Incorporation may be proposed by the majority of the shareholders and may be adopted by the said majority.

  
\_\_\_\_\_  
Vicente Quinones. Incorporator

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE with Section 607.325, Florida Statutes, the following is submitted:

HEALTH CARE SEMINAR ORGANIZATION, INC., desiring to organize and qualify under the laws of the State of Florida, with its principal place of business at Hialeah, Florida, has named Vicente Quinones, residing at 1790 W 49 St, Suite 110-1, Hialeah, Fl. 33012, as its agent to accept services of process within Florida.

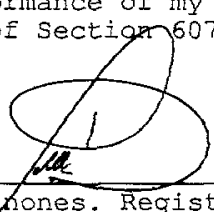
  
\_\_\_\_\_  
Oscar Barreto. Vice President  
Secretary

Date

11/19/05

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

  
\_\_\_\_\_  
Vicente Quinones. Registered Agent

Date

11/19/05