

DIVISION OF CORPORATIONS

P06000097758

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000188373 3)))



H06000188373ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

FLORIDA PROFIT/NON PROFIT CORPORATION**LINARES HEALTH SERVICES, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

2006 JUL 25 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

106 000 1813733.

ARTICLES OF INCORPORATION
OF

LINARES HEALTH SERVICES, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

LINARES HEALTH SERVICES, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:
To have perpetual succession by its corporate

name:

LINARES HEALTH SERVICES, INC.

BERRIZ & GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300

106 000 1813733.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 JUL 25 PM 1:46

FILED

Lib 000 1883733.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

**ARIEL LINARES
13702 SW 48 ST
MIAMI, FL. 33175**

The principal office shall be:

**13702 SW 48 ST
MIAMI, FL. 33175**

Lib 000 1883733.

406 000 188 3733.

ARTICLE VI

The initial Board of Directors shall consist of a total of ONE(01) person, and the name and address of the person who is to serve as an initial director is:

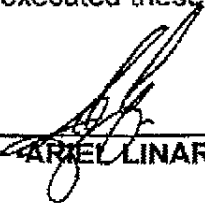
ARIEL LINARES
13702 SW 48 ST
MIAMI, FL. 33175

PRESIDENT

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

ARIEL LINARES
13702 SW 48 ST
MIAMI, FL. 33175

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 25 day of JULY, 2006



ARIEL LINARES

406 000 188 3733.

406 000 1823733.

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, 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:

LINARES HEALTH SERVICES, INC.

2. The Name and Address of the registered agent and office is

**ARIEL LINARES
13702 SW 48 ST
MIAMI, FL. 33176**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. ANN I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE


Dated: JULY 25, 2006.

406 000 1183703.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 JUL 25 PM 1:46

FILED