

No. 09 11:00 AM EFS 30544 4977 P. 1
Division of Corporations File No.

PO60002142011

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.

((H06000272194 3)))



H060002721943ABC+

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 : EXPRESS CORPORATE FILING SERVICE
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 NOV -9 PM 1:02

FILED

FLORIDA PROFIT/NON PROFIT CORPORATION

ALL FACILITY HEALTH CARE, INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

11-13-06

(((H06000272194)))

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

ALL FACILITY HEALTH CARE, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1150 NW 72 AVE STE. #577
MIAMI FL 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HEALTH CARE SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

500 SHARES TO \$1.00 EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ANDRES PEREZ
3601 SW 117 AVE APT #410
MIAMI FL 33175

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

ANDRES PEREZ
3601 SW 117 AVE APT #410
MIAMI FL 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ANDRES PEREZ
3601 SW 117 AVE APT #410
MIAMI FL 33175

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

(Signature)
Signature/Registered Agent

11/09/06
Date

(Signature)
Signature/Incorporator

11/09/06
Date

FILED
2006 NOV -9 P 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA