

P07000011876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

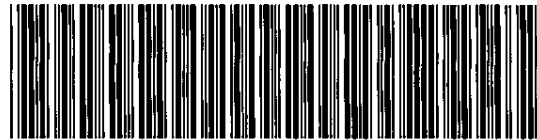
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100082990901

01/25/07--01029---009 \*\*78.75

RECEIVED  
07 JAN 25 PM 12:00  
STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
07 JAN 25 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LAZARUS  
CORPORATE FILING SERVICE**

**3320 SW 87<sup>TH</sup> AVENUE**

**MIAMI, FL 33165 (305) 552-5973**

Office Use Only

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

1. EXCLUSIVE SOLUTIONS OF HEALTH INC  
(Corporation Name) (Document #)

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

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

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

- ☐ Walk in    ☒ Pick up time    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

**NEW FILINGS**

- ☒ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

# ARTICLES OF INCORPORATION

of

EXCLUSIVE SOLUTIONS OF HEALTH INC

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

## ARTICLE I - CORPORATE NAME

The name of the corporation is: EXCLUSIVE SOLUTIONS OF HEALTH INC

## ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

## ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

## ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue One Hundred shares ( 100 ) of One Dollar Dollar(s) (\$ 1.00 ) par value Common Stock, which shall be designated "Common Shares."

## ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the Initial Registered Agent of this Corporation is: (Principal Address)

NAME	Giselle Soler	PRESIDENT	VICE PRESIDENT
ADDRESS	11591 N W 2nd Street Apt. No. 104	TREASURY	SECRETARY
CITY	Miami FL 33172	FLORIDA	ZIP

## ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have 1 (            ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Giselle Soler
ADDRESS	11591 N W 2nd Street Apt. No. 104
CITY	Miami
STATE	FL
ZIP	33172
NAME	
ADDRESS	
CITY	
STATE	
ZIP	
NAME	
ADDRESS	
CITY	
STATE	
ZIP	

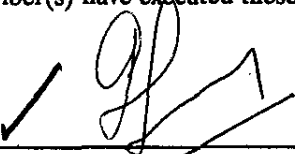
FILED  
07 JAN 25 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE VII - INCORPORATORS

The names and addresses of the person(s) signing these Articles of Incorporation are as follows:

NAME	Giselle Soler		
ADDRESS	11591 N W 2nd Street Apt. No. 104		
CITY	Miami	STATE	Fl ZIP 33172
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 22nd day of Jan, 19 2007

  
\_\_\_\_\_  
Giselle Soler President  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Seal)  
(Seal)  
(Seal)

STATE OF FLORIDA )  
COUNTY OF Miami Dade ) SS

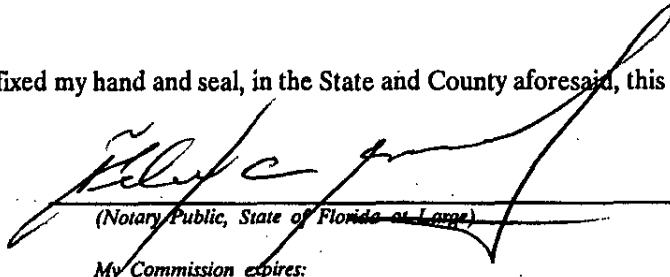
before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

Giselle Soler

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that SHE executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 22nd day of Jan, 19 2007

(Notary Seal)

  
\_\_\_\_\_  
(Notary Public, State of Florida at Large)  
My Commission expires:



Felix C. Garcia  
Commission #DD311104  
Expires: May 29, 2008  
Bonded Thru  
Atlantic Bonding Co., Inc.

CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

EXCLUSIVE SOLUTIONS OF HEALTH INC  
(name of corporation)

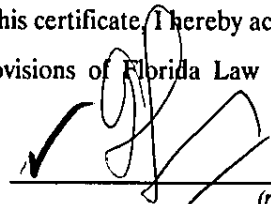
Pursuant to Florida Statutes Sections 48.091 and 607.034, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation

at 11591 N W 2nd Street Apt. No. 104  
Miami Fl 33172

has named Giselle Soler  
located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above stated corporation at  
the place designated in this certificate, I hereby accept to act in this capacity, and agree  
to comply with the provisions of Florida Law in keeping open said office.

  
(registered agent)  
Giselle Soler

FILED  
07 JAN 25 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA