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Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : ARES & COMPANY, C.P.A., P.A.  
Account Number : I20000000268  
Phone : (305)229-8256  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**TWINS HEALTH SERVICES, INC.**

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF

**TWINS HEALTH SERVICES, INC.**

THE UNDERSIGNED has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, 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:

**TWINS 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 purpose proposed to be transacted and carried on by this corporation are to do any and all of the things, as fully and to the same extent as natural persons might do, viz:

PREPARED BY: ARES & COMPANY, CPA, P.A.  
3636 SW 87<sup>TH</sup> AVE.  
MIAMI, FL. 33165

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Transact any and all lawful business.

(1) Said corporation shall further have powers:

To have perpetual succession by its corporate name,

## **TWINS HEALTH SERVICES, INC.**

### **ARTICLE IV**

The aggregate number of shares which the corporation shall have authority to issue is  
the total sum of 100 shares, having an individual par value of US\$100.00.

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 name and street address of the initial Registered Agent of this corporation shall  
be:

YULEIDY RODRIGUEZ  
453 SW 79<sup>TH</sup> AVE.  
MIAMI, FL. 33144

The business location and mailing address of the Corporation shall be:

453 SW 79<sup>TH</sup> AVE.  
MIAMI, FL. 33144

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ARTICLE VI

The initial Board of Directors shall be initially composed by ONE (1) person, whose name and address is:

YULEIDY RODRIGUEZ - PRESIDENT - 100% SHAREHOLDER  
453 SW 79<sup>TH</sup> AVE.  
MIAMI, FL. 33144

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

YULEIDY RODRIGUEZ  
453 SW 79<sup>TH</sup> AVE.  
MIAMI, FL. 33144

IN WITNESS THEREOF, the undersigned incorporator has executed these Articles of Incorporation this 28<sup>TH</sup> day of February, 2007

  
YULEIDY RODRIGUEZ  
INCORPORATOR

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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 law 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:

**TWINS HEALTH SERVICES, INC.**

2. The name and address of the Registered Agent and office is:

YULEIDY RODRIGUEZ  
453 SW 79<sup>TH</sup> AVE.  
MIAMI, FL. 33144

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 AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE: \_\_\_\_\_

  
YULEIDY RODRIGUEZ

DATE: \_\_\_\_\_

2-28-07

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