

P07000063498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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07 MAY 29 AM 11:02  
CLERK OF THE STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
07 MAY 29 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5/30/07

Charter Number Only

VALIDATION ONLY

5/25

Cost management

Requestor's Name

4805 NW 79 Ave. #9

Address

Miami FL 33146

City

State

ZIP

Phone

305) 593-5151-f

CORPORATION(S) NAME

1 2 3 seguros de salud, PA

☒ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

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Acknowledgment

W.P. Verifier



Empire Toll Free: 1-800-432-3028

## ARTICLES OF INCORPORATION

WE THE UNDERSIGNED, HEREBY ASSOCIATE OURSELVES TOGETHER FOR THE PURPOSE OF BECOMING A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA PROVIDING FOR THE FORMATION OF A CORPORATION FOR PROFIT WITH THE POWERS, RIGHTS, PRIVILEGES AND IMMUNITIES HEREINAFTER MENTIONED, AND WE HEREBY MAKE, SUBSCRIBE AND ACKNOWLEDGE AND FILE WITH THE SECRETARY OF FLORIDA THESE ARTICLES OF INCORPORATION; AND TO THAT END WE DO, BY THESE ARTICLES, SET FORTH:

### ARTICLE I

THE NAME OF THIS CORPORATION (WHICH IS HEREINAFTER CALLED THE "CORPORATION" **1 2 3 SEGUROS DE SALUD, PA**

### ARTICLE II

THIS CORPORATION SHALL EXIST PERPETUALLY; CORPORATION EXISTANCE SHALL BEGAIN ON THE DAY UPON WHICH THESE ARTICLES ARE APPROVED BY THE SECRETARY OF THE STATE OF FLORIDA.

### ARTICLE III

THE PURPOSE OF THIS CORPORATION IS TO TRANSACT ANY OR ALL LAWFUL BUSINESSES FOR WHICH CORPORATIONS MAY BE INCORPORATED UNDER CHAPTER 607 OF THE FLORIDA STATUTES. INCLUDING, BUT NOT LIMITED TO SALE OF MEDICAL INSURANCE.

### ARTICLE IV

THIS CORPORATION IS AUTHORIZED TO ISSUE FIVE HUNDRED (500) SHARES OF COMMON STOCK, WHICH SAID SHARES SHALL HAVE A PAR VALUE OF TEN (\$ 10.00) DOLLARS PER SHARE UPON ISSUANCE.

### ARTICLE V

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE AT: **802 PALM OAK DRIVE APOPKA, FLORIDA 32712** WITH THE PRIVILEGE OF HAVING BRANCH OFFICES WITHIN AND WITHOUT THE STATE OF FLORIDA.

FILED  
07 MAY 29 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE VI

THE INITIAL REGISTERED AGENT OF THIS CORPORATION UPON WHICH  
PROCESS MAY BE SERVED IS: LOUIS F. CAST AND THE INITIAL  
REGISTERED OFFICE IS LOCATED AT:  
4805 NW 79 AVE # 9 DORAL, FLORIDA 33166

ARTICLE VII

THIS CORPORATION SHALL HAVE ONE DIRECTOR(S) INITIALLY.  
THE NUMBER OF DIRECTORS SHALL BE FIXED BY LAW AND MAY BE  
CHANGED FROM TIME TO TIME.  
THE NAME AND THE STREET ADDRESS OF THE INITIAL DIRECTOR OF THIS  
CORPORATION IS:  
**ARMANDO YGLESIAS, 802 PALM OAK DRIVE APOPKA, FLORIDA 32712**  
THE AFORSAID DIRECTORS SHALL HOLD OFFICE FOR THE YEAR OF THIS  
CORPORATION EXISTANCE OR UNTIL A SUCCESSOR IS CHOSEN AS  
PROVIDED FOR IN THE BY LAWS.

ARTICLE VIII

THE INITIAL OFFICERS OF THIS CORPORATION AND THEIR ADDRESSES  
ARE:

PRESIDENT: **ARMANDO YGLESIAS, 802 PALM OAK DRIVE APOPKA,  
FLORIDA 32712**

VICE-PRESIDENT: **HAROLD SEIGEL 802 PALM OAK DRIVE APOPKA,  
FLORIDA 32712**

SECRETARY: **ARMANDO YGLESIAS, 802 PALM OAK DRIVE APOPKA,  
FLORIDA 32712**

TREASURER: **HAROLD SEIGEL 802 PALM OAK DRIVE APOPKA, FLORIDA  
32712**

ARTICLE IX

THE NAME OF THE UNDERSIGNED HAS EXECUTED THESE ARTICLES OF  
INCORPORATION.

  
\_\_\_\_\_  
SIGNATURE / TITLE  
**ARMANDO YGLESIAS, PRESIDENT**

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: **1 2 3 SEGUROS DE SALUD, PA**
2. THE NAME AND ADDRESS OF THE REGISTERED AGENT IS **LOUIS F. CAST** AND THE REGISTERED OFFICE IS AT **4805 NW 79 AVE # 9 DORAL FL 33166**

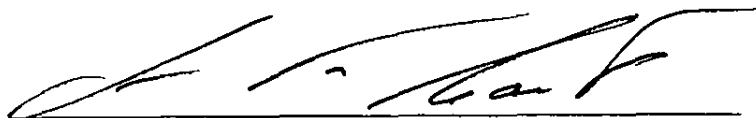
SIGNATURE: \_\_\_\_\_

  
ARMANDO YGLESIAS  
TITLE: PRESIDENT

FILED  
MAY 29 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DATE: 05/17/2007

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.

  
LOUIS F. CAST