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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Red Flags Inc.					
(PROPOSED CORPORATE PROPOSED	, -	·			
\$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
FROM: Raymond Giamporcaro					
Name (Printed or typed) 4594 Helena Drive Address					
Titusville, FL 32780	State & Zip				
321-747-9205 Daytime Telephone number					

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I

The name of the corporation shall be:

Red Flags Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4594 Helena Drive, Titusville, FL 32780

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

To enter into and conduct the business of publishing, marketing, and selling educational materials and all actions incidental thereto.

To conduct any and all lawful types of activities and businesses not in violation of the laws of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

100 Common Shares without par value

INITIAL OFFICERS AND/OR DIRECTORS

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

President: Kim Bigelow, 55B Church Street, Northborough, MA 01532

Treasurer: Raymond Giamporcaro, 4594 Helena Drive, Titusville, FL: 32780 Secretary: Raymond Giamporcaro, 4594 Helena Drive, Titusville, FL 32780 Directors: Raymond Giamporcaro, 4594 Helena Drive, Titusville, FL 32780

Kim Bigelow, 55B Church Street, Northborough, MA 01532

ARTICLE VI REGISTERED AGENT

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

Raymond Giamporcaro, 4594 Helena Drive, Titusville, FL 32780

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kim Bigelow, 55B Church Street, Northborough, MA 01532

**************************************	ove stated corporation at the place designated in this
certificate, I am familiar with and accept the appointment as registered agent an	d agree to act in this capacity
Chemiland	Way 17th 2607
Signature/Registered Agent	Date
Signature/Incorporator KIM BIGGLOW	<u>MAY 17 2007</u>

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAW OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STAMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

Brighter Days Physician Health Group Inc.

1085 East 4th Avenue Suite. C-1 Hialeah, Florida 33013

2. The name and address of the registered agent and office is:

	Rodolfo Pichardo.	07 J SECR TALLA
_	NAME	JUL I RETAR AHASS
	1085 East 4th Avenue Suite. C-1	I AM S
-	(P.O. BOX OR MAIL DROP BOX NOT ACCEPTABLE)	9: 42 TATE ORIDA
	Hialeah, Florida 33013	
	(CITY/STATE/ZIP)	

Ilaving 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)

(Date)