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SECRETARY OF STATE
TALL AHASSEF FLORIDA

COVER LETTER

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

SUBJECT: IDS HEALTH, INC.		
(PROPOSED CORPORĂ	TE NAME – <u>MUST INCL</u> I	JDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and	a check for:
\$\begin{align*} \\$70.00 & \Bigsim \\$78.75 \\ \text{Filing Fee} & \text{Certificate of Status} \end{align*}	▼ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: ANTONIO A. IBANEZ DE	SENDADIANO (Printed or typed)	
1280 S ALHAMBRA CI	RCLE UNIT 2415	
MIAMI, FL 33146	Address	-
	State & Zip	
773-524-8594 Daytime To	elephone 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 NAME

The name of the corporation shall be:

IDS HEALTH, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1280 S ALHAMBRA CIRCLE, UNIT 2415 MIAMI, FL 33146

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALES OF HEALTH PRODUCTS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARGARITA IBANEZ DE SENDADIANO, PRESIDENT AND SECRETARY 1280 S ALHAMBRA CIRCLE, UNIT 2415 MIAMI, FL 33146

ANTONIO A IBANEZ DE SENDADIANO, VICE PRESIDENT AND TREASURER 1280 S ALHAMBRA CIRCLE, UNIT 2415 MIAMI, FL 33146

ARTICLE VI REGISTERED AGENT

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

MARGARITA IBANEZ DE SENDADIANO 1280 S ALHAMBRA CIRCLE, UNIT 2415 MIAMI, FL 33146

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ANTONIO A IBANEZ DE SENDADIANO 1280 S ALHAMBRA CIRCLE, UNIT 2415 MIAMI, FL 33146

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/Registered Agent

Signature/Incorporator

<u>8/7/07</u>

Date

Date

SECRETARY OF STAIL TALLAHASSEE, FLORID