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#### **CORPORATE FILING SERVICE**

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

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CORPORATION NAME(S) & DOCU	•
1. HEALTH SOLUL (Corporation Name)	TIONS AND ASSOCIATES IN
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NEW FILINGS	<u>AMENDMENTS</u>
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Not for Profit	Resignation of R.A., Officer/Director
Limited Liability Domestication	Change of Registered Agent
Other	Dissolution/Withdrawal Merger
· (*	1
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials

#### ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I – NAME

The name of the corporation shall be:

Health Solutions and Associates Inc



#### ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

9941 SW 38 St Hiami FL 33165.

#### <u>ARTICLE III – SHARES</u>

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

## ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Idelkis Gonzalez 0941 SW 38 St Hiami FL 33165.

#### ARTICLE V - INCORPORATOR

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

Idelkis Gonzalez 9941 Sw 38 St Hiami FL 33165

#### **ARTICLE VI- DIRECTOR (S)**

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Idelkis Gonzalez (President)

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature