

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

COMPLETE HEALTH CARE POOL REGISTRY INC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (1/Profit)

ARTICLE I NAME

The name of the corporation shall be:

COMPLETE HEALTH CARE POOL REGISTRY INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10300 SUNSET DRIVE STE 460/G7
MIAMI, FL 33173

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN BUSINESS PERMITTED UNDER THE LAWS OF THE STATE OF FLORIDA
AND/OR THE UNITED STATES OF AMERICA

ARTICLE IV SHARES

The number of shares of stock is:

100 SHRS @ 10.00 EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CLARISA DARIAS DIRECTOR/PRESIDENT
5815 SW 113 AVENUE
MIAMI, FL 33173

ARTICLE VI REGISTERED AGENT

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

CLARISA DARIAS
10300 SUNSET DRIVE STE 460/G7
MIAMI, FL 33173

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

CLARISA DARIAS
5815 SW 113 AVENUE
MIAMI, FL 33173

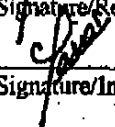
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

10/18/07

Date



Signature/Incorporator

10/18/07

Date