Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : FASTKIT CORFORATE OUTFITS

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

FLORIDA PROFIT/NON PROFIT CORPORATION

MONTE CARLO HEALTH CORPORATION

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2001 DEC 20 P 1: 00

ARTICLE OF INCORPORATION

SECRETARY OF STATE TALLAHASSEE, FLORIDA

OF

MONTE CARLO HEALTH CORPORATION

The undersigned incorporator(s), for the purpose of forming a comporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: MONTE CARLO HEALTH CORPORATION

The principal place of business of this corporation shall be:

7140 NW 7 AVE MIAMI, FL 33150 MAILING ADDRESS: 692 W 29 ST # 9 HIALEAH, FL 33012

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Plorida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 X \$10.00 = \$1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually,

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence of limital their successor(s) is (are) elected, is (are); elected, is (are) :

DUNIA LOZANO 5555 COLLINS AVE # 5 U MIAMI BEACH, FL 33140

CARLOS LOZANO 5555 COLLING AVE # 3 U MIAMI BRACH, FL 33140

DIRECTOR

The name (s) and street address (es) of the incorporator (s) to these Article of incorporation is (are):

DUNTA LOZANO 5555 COLLING AVE # 5 U MIAMI BRACH, FL 33140

CARLOS LOZANO 5555 COLLINS AVE # 5 U MIAMI BEACH, FL 33140 PRESIDENT & TREASURER

SECRETARY ... 50 % SHARES

The undersighed has (heve) executes these article of inderpore tion this foin days perhabet

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CERTIFICATE OF DESIGNATION 2001 DEC 20 P 1: 00
REGISTERED AGENT/REGISTERED OFFICE
SECRETARY OF STATE
TALL AHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

•	
The	name and address of the registered agent and offi
is	DUNIA LOZANO
	(Name)
	5555 COLLINS AVE # 5 U
-	(P. O. BOX NOT ACCEPTABLE)
•	MIAMI BEACH, FLORIDA 33140
	(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

SIGNATURE Slaves

DATE 12-20-2007