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Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) Pick up time Certified Copy Photocopy Certificate of Status ☐ Mail out Will wait **NEW FILINGS AMENDMENTS** Profit Amendment Resignation of R.A., Officer/Director ☐ Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Other Merger **OTHER FILINGS REGISTRATION/QUALIFICATION** Annual Report ☐ Foreign ☐ Fictitious Name Limited Partnership Reinstatement Trademark Other

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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:

Valencia Health Corp

ARTICLE II - PRINCIPAL OFFICE

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

3939 NW 7 ST # 106 miami, FL 33126

ARTICLE III - SHARES

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:

Nestoe Delgado Valencia 3939 NW 757 H 206 miami, FL 33126

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ARTICLE V - INCORPORATOR

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The name and stre										
Incorporation is:	Nestor			De	160	ado	Va	Valencia		
	39	39	N	W .	7	ST	#	206.		
	M	lan	nì	, Fl		331	26			
The undersigned i	ncorpo	rator ha	as exe	cuted t	hese /	Articles o	of			
Incorporation this	3	day of	. 1	17	2	2008		,		
			Signa	ture				•		

ARTICLE VI- DIRECTOR(S)

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

Nestor Delgado Valoncia 6625 SW 4 ST miami, FL 33144

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