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FLORIDA PROFIT/NON PROFIT CORPORATION

ADMS HEALTH SERVICES INC

Certificate of Status	0
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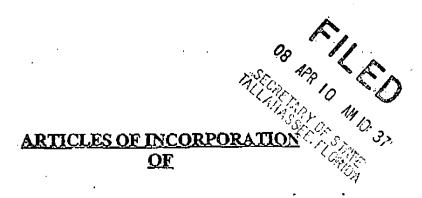
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DIVISION OF CORPORA

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4/10/2008



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

ARTICLE I NAME

The name of the corporation shall be:
ADMS HEALTH SERVICES INC

The principal place of business of this corporation shall be: 3258 W 70 STREET APT# 101 WIALEAN FL 33018

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 States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

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

100 SHARES PAR VALUE

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

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

SANTIAGO HERNANDEZ- PRESIDENT- 3258 W 70 STREET APT# 101 HIALEAH FL 33018

ARTICLE VI INCORPORATOR(S)

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

SANTIAGO HERNANDEZ - PRESIDENT - 3258 W 70 STREET APT# 101 HIALEAH FL 33018

APRIL 2008					
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		•	Signatur	e(s) of Incorpor	ato
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CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions of Section 607.325. 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.

office/registered agent, in the State of Florida.
1. The name of the corporation: ADMS HEALTH SERVICES INC
2. The name and address of the registered agent and office is:
(P.O. BOX NOT ACCEPTABLE)
HIALEAM FLORIDA 33018
(CITY/STATE/ZIP)
Signature 6
Title PRESIDENT
DateAPRIL 10 2008
HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.
TATE APRIL 10 2008