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Division of Corporations

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Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 : (305)634-3694 Phone

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FLORIDA PROFIT/NON PROFIT CORPORATION

KATIA-DANIEL HEALTH, INC.

Certificate of Status		0
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April 25, 2008

FLORIDA DÉPARTMENT OF STATE
Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: KATIA-DANIEL HEALTE, INC.

REF: W08000021026

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list at least one incorporator with a complete business street address.

The registered agent name is not listed on the registered agent certificate in number 2.,

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Ruby Dunlap Regulatory Specialist II New Filing Section

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ARTICLES OF INCORPORATION

OF

KATIA-DANIEL HEALTH, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of the corporation shall be:

KATIA-DANIEL HEALTH, INC. ARTICLE II

This corporation shall commence existence upon the filling of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- 1) Transact any and all lawful business
- 2) Said corporation shall further have powers
- To have perpotual succession by it's corporate

Name:

KATIA-DANIEL HEALTH, INC. ARTICLE IV

The aggregate number of shares, which the corporation shall have authority to issue, is the total sum of 1000 shares, having an individual per value of \$10.00

Unless otherwise stated in these article, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

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The street of the initial registered office and the name of the initial Registered Agent of this corporation shall be:

Katia M Daniel 115 SW 42 Avenue Apt202 Coral Gables fl 33134

The principal office shall be:

115 SW 42 Avenue Apt202 Coral Gables fl 33134

ARTICLE VI

The initial Board of Directors shall consists of a total of ONE (1) person, and the name and address of the person who is to serve as an initial director is:

Katia M Daniel 115 SW 42 Avenue Apt202 Coral Gables fi 33134

PRESIDENT/VICE PRESIDENT

The shares of each shareholders and registered agent to the Certificate of Incorporation are as follows:

Katia M Daniel 115 SW 42 Avenue

100%

Apt202

Coral Gables fl 33134

TNOORPORATOR

The name and address of the incorporator executing these Articles of incorporation

is: Kafia W. Daniel 115 SW 42 Avenue

Apt202

Coral Gables fl 33134

WITNESS WHEREOF, the undersigned incorporator has we executed theses Articles, of Incorporation this 23th day of April 23, 2008.

Katis M Daviel

President/Vice President/Incomporator

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision 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.

1.- The name of the Corporation is:

KATIA-DANIEL HEALTH, INC.

2.- The name and address of the registered agent and office is:

Katia M. Daniel 115 SW 42 Avenue Apt202 Coral Gables # 33134

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as a registered agent.

Signature:

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