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

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
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DIVISION OF CORPORATION

08 MAY 15 PM 4:11 TALLAHASSEE, FLORIDA

RECEIVED

2008 MAY 15 PM 4:27

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FLORIDA PROFIT/NON PROFIT CORPORATION

in 2 health care solution, corp

Certificate of Status	0
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T. Burch MAY 16, 2008

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**ARTICLES OF INCORPORATION
OF**

IN 2 HEALTH CARE SOLUTION, CORP

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:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAY 15 PM 4: 27

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ARTICLE I NAME

The name of the corporation shall be: IN 2 HEALTH CARE SOLUTION, CORP

ARTICLE II PRICIPAL OFFICE

The principal place of business and mailing address of the corporation shall be:

2982 NW 29 STREET
MIAMI, FL 33142

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any time is: 500 (FIVE HUNDRED) at \$ 1.00 par value

ARTICLE IV INITIAL REGISTERD AGENT AND ADDRESS

The name and address of the initial registered agent is:

NANCY ORTIZ
7751 SW 26 STREET
MIAMI, FL 33155


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ARTICLE V INCORPORATOR(S)

The name(s) and address (s) of the incorporator(s) to these Articles of incorporation-
is (are):

SULAMI VILLAVICENCIO - PRESIDENT - 2982 NW 29 ST.,
MIAMI, FL 33142
BRAIAN RODRIGUEZ - VICE-PRESIDENT - 2982 NW 29 ST.,
MIAMI, FL 33142

The undersigned has (have) executed these Articles of Incorporation this 14 _____
day of MAY, 2008.



Signature / Title / Sulami Villavicencio/Pres



Signature / Title / Braian Rodriguez/V-Pres.

Signature / Title

STATE OF FLORIDA

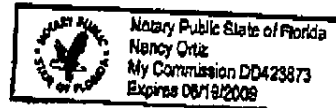
County of Miami Dade

The foregoing instrument was acknowledged and sworn to before me the 14 _____
Day of May, 2008 by Sulami Villavicencio & Braian Rodriguez
Rodriguez of IN 2 Health Care Services Corp

NOTARY PUBLIC



My commission Expires:



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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTER OFFICE

Pursuant the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered, in the state of Florida.

- 1) The name of the corporation is: IN 2 HEALTH CARE SOLUTION, CORP
- 2) The name and address of the register agent and office is:

NANCY ORTIZ
7751 SW 26 STREET
MIAMI, FL 33155

SIGNATURE



(Corporate officer) Sulami Villavicencio

TITLE: PRESIDENT

DATE: May 14, 2008

HAVING BEEN NAMED AS REGISTER 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 THOS CAPACITY I FURTHER AGREE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTER AGENT.

SIGNATURE



Register Agent / Nancy Ortiz

DATE: May 14, 2008

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