

Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305) 634-3694 Phone Fax Number : (305)633-9696

FLORIDA PROFIT/NON PROFIT CORPORATION

centro clinico quirugico divino nino, inc.

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ARTICLES OF INCORPORATION

OF

CENTRO CLINICO QUIRURGICO DIVINO NIÑO, INC.

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be: CENTRO CLINICO QUIRURGICO DIVINO NINO, INC.

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation: 6520 N.W. 114TH PLACE, STE #1601, DORAL, FL 33178.

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue is 100 shares of common stock having an individual par value of \$1.00.

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

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ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be: NHORA HERNANDEZ, 6520 N.W. 114^{TH} PLACE, STE #1601, DORAL, FL 33178.

ARTICLE VII

The name and address of the officers and board of directors shall be:

PRESIDENT\DIRECTOR
NHORA HERNANDEZ

6520 N.W. 114TH PLACE STE #1601 DORAL, FL 33178

ARTICLE VIII

The name and address of the incorporator(s) to these Articles of Incorporation shall be:

EMPIRE CORPORATE KIT OF AMERICA, INC. 2444 NW 7TH PLACE MIAMI, FL 33127

The undersigned has executed these Articles of Incorporation this 17th day of JULY, 2008.

(NCORPORATOR
Ray Stormont Signing for
Empire Corporate Kit of America, Inc.

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

CENTRO CLINICO QUIRURGICO DIVINO NIÑO, INC.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, 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 REGISTERED AGENT.

REGISTERED AGENT

FILED

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SECRETARY OF STATE ALLAHASSEE, FI ORIGA

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