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☐ PICK-UP

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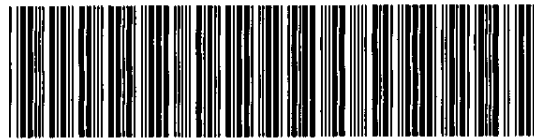
(Business Entity Name)

(Document Number)

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RECEIVED
08 AUG 21 AM 11:10
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 AUG 21 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]

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CORPORATE FILING SERVICE

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. MIAMI PROF HEALTHCARE
(Corporation Name) (Document #)
2. INC
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2.06 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

ARTICLES OF INCORPORATION
OF

Miami Prof Healthcare Inc

FILED
08 AUG 21 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) Competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I
CORPORATION NAME

The corporation's name shall be: Miami Prof Healthcare Inc

ARTICLE II
DURATION

The corporation shall exist perpetually unless dissolved according to Florida Laws.

ARTICLE III
PURPOSE

The corporation is organized for the purpose of engaging in any activity of business Permitted under the laws of the United States and the State of Florida.

ARTICLE IV
CAPITAL STOCK

The corporation is authorized to issue one hundred (100) shares of five dollars (\$ 5.00) par value Common Stock, which shall be designated as "Common Shares".

ARTICLE V
PLACE OF BUSINESS

The principal place of business of said corporation shall be:

8758 SW 8 Street
Miami FL 33174

ARTICLE VI
NUMBER OF DIRECTORS

The number of Directors of this corporation, shall be no less than one (1) nor more than fifteen (15).

ARTICLE VII
BOARD OF DIRECTORS

The name and addresses of the first Board of Directors of this Corporation who shall hold office initially, are as follows:

NAME Pablo J Jorduy
ADDRESS 8758 SW 8 Street
CITY Miami STATE FL Z C 33174

NAME _____
ADDRESS _____
CITY _____ STATE _____ Z C _____

NAME _____
ADDRESS _____
CITY _____ STATE _____ Z C _____

ARTICLE VIII
INCORPORATORS

The name and addresses of the incorporators signing these Articles of Incorporation, are as follows:

NAME Pablo J. Jordany TITLE Pres/Dir
ADDRESS 8758 SW 8 Street
CITY Miami STATE FL Z C 33174

NAME _____ TITLE _____
ADDRESS _____
CITY _____ STATE _____ Z C _____

NAME _____ TITLE _____
ADDRESS _____
CITY _____ STATE _____ Z C _____

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation, this 20 day of August of 2008

 (Seal)

_____ (Seal)

STATE OF FLORIDA)
)
COUNTY OF DADE) SS

Before me, a Notary Public authorized to take acknowledgement in the State and County set for above, personally appeared:

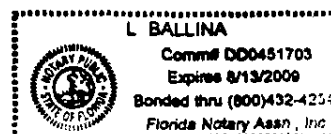
Pablo J Sordany

Known to me and known to be the person (s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that he executed these Articles of Incorporation

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and county aforesaid, this 20 day of August of 2008.

L Ballina

Notary Public
State of Florida at Large



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08 AUG 21 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF REGISTERED AGENT

OF

Miami Prof Healthcare Inc

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

FIRST: That Miami Prof Healthcare Inc desiring to organize under the laws of the State of Florida with its principal office as indicated in the articles of incorporation at the City of Miami, County of Dade State of FL, has named:

Mr/Ms Rabio J Jorduy
Located at 8758 SW 8 Street
City of Miami County of Dade
State of FL

At its Agent to accept service of process within this State.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position. I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.


Registered Agent