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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

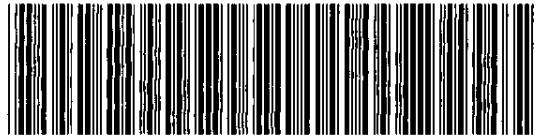
(Business Entry Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** OFICINA CENTRAL HEMISFERIO DE LA SALUD, INC  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** OFICINA CENTRAL HEMISFERIO DE LA SALUD, INC.  
Name (Printed or typed)

1756 SW 8 ST SUITE 207  
Address

MIAMI, FL., 33135  
City, State & Zip

(786)444-0430 AND (786) 278-3985  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**NOTE:** Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

OFICINA CENTRAL HEMISFERIO DE LA SALUD, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

1756 SW 8 STREET - SUITE 207  
MIAMI, FL., 33135

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

SALES CONSULTANT

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000. \$1.00

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

MARCIANO DE LEON - DIRECTOR & PRESIDENT  
1756 SW 8 STREET - SUITE 207- MIAMI, FL., 33135

IDALIA ULLOA - DIRECTOR & VICE-PRESIDENT  
1756 SW 8 STREET - SUITE 207 - MIAMI, FL. 33135

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MARCIANO DE LEON  
1756 SW 8 STREET - SUITE 207  
MIAMI, FL., 33135

**ARTICLE VII INCORPORATOR**

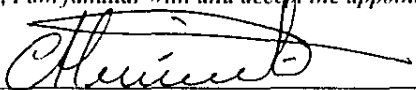
The name and address of the Incorporator is:

MARCIANO DE LEON  
1756 SW 8 STREET - SUITE 207  
MIAMI, FL., 33135

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TALLAHASSEE, FLORIDA

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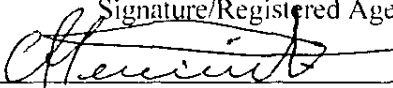
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

4-2-09

Date



Signature/Incorporator

4-02-09

Date