

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

2009 APR -6 PM 3:46

FILED

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

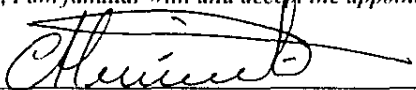
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

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

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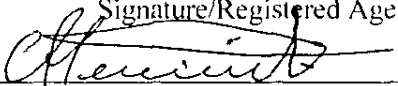
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

4-2-09

Date



Signature/Incorporator

4-02-09

Date