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COVER LETTER

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

SUBJECT: GORINOSA HEALTH SERVICE CORP
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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

<input type="checkbox"/> \$70.00	<input checked="" type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: NESTOR NUNEZ
Name (Printed or typed)

2642 NW 24 COURT
Address

MIAMI, FL 33142
City, State & Zip

305-375-5264
Daytime Telephone number

OSNUN7@NETZERO.COM
E-mail address: (to be used for future annual report notification)

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:

Gorinosa Health Service Corp.

ARTICLE II PRINCIPAL OFFICE

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

6200 West Flagler Street, Apt. 308
Miami, FL 33144

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Transportation of patients for Hospitals and Health Clinocs

ARTICLE IV SHARES

The number of shares of stock is:

100 Shares of Commpn Stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Cesar Cabrera, 6200 West Flagler Street, Apt. 308, Miami, FL 33144

Leyanis Miranda Monteagudo, 6200 West Flagler Street, Apt. 308, Miami, FL 33144

ARTICLE VI REGISTERED AGENT

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

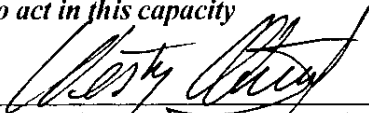
Nestor Nunez
2642 NW 24 Ct
Miami, FL 33142

ARTICLE VII INCORPORATOR

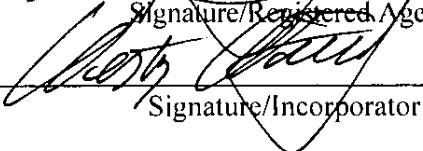
The name and address of the Incorporator is:

Nestor Nunez
2642 NW 24 Ct
Miami, FL 33142

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



Signature/Incorporator

Date

Date

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CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA