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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL -8 2009  
D.A. WHITE

## COVER LETTER

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

**SUBJECT:** Healthcare Business Solutions Corp.  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

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

**FROM:** Healthcare Business Solutions, Corp  
Name (Printed or typed)

16041 sw 110th ST  
Address

Miami, Fl. 33196  
City, State & Zip

305-986-4216  
Daytime Telephone number

yoel1271@gmail.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: Healthcare Business Solutions, Corp

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## ARTICLE II PRINCIPAL OFFICE

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

16041 sw 110th St. miami Fl. 33196

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Healthcare Practice Managment and Business Development, all legal Business Authorized under the laws of the State of Florida and the United States of America

## ARTICLE IV SHARES

The number of shares of stock is:

1000 shares of \$1.00

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Yoel Cruz.

16041 sw 110th St. Miami, Fl. 33196

President.

## ARTICLE VI REGISTERED AGENT

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

Yoel Cruz.

16041 sw 110th St. Miami, Fl 33196

## ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Yoel Cruz.


16041 sw 110st Miami, Fl. 33196

\*\*\*\*\*

*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*

 / Yoel Cruz

Signature/Registered Agent

 / Yoel Cruz

Signature/Incorporator

07-02-09

Date

07-02-09

Date