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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 AUG 24 P 1:53

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8-25-09
200

COVER LETTER

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

SUBJECT: COLUNGA HEALTH 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 type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: EDUARDO COLUNGA
Name (Printed or typed)

1051 SW 93 AVE,
Address

MIAMI, FL 33174
City, State & Zip

786-715-0185
Daytime Telephone number

colunga66@yahoo.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: Colunga Health Corp.

ARTICLE II PRINCIPAL OFFICE

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

1015 SW 93rd Ave
Miami, FL 33174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100 @ 1.0 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Eduardo Colunga, 1051 SW 93rd Ave, Miami FL 33174, President.

ARTICLE VI REGISTERED AGENT

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

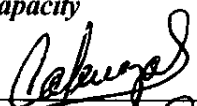
Eduardo Colunga, 1051 SW 93rd Ave, Miami FL 33174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Eduardo Colunga, 1051 SW 93rd Ave, Miami FL 33174

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

August 19th, 2009

Date

August 19th, 2009

Date

FILED
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TREASURER, FLORIDA