

PO9000075313

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Florida Department of State
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

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DEPARTMENT OF STATE
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FLORIDA PROFIT/NON PROFIT CORPORATION

MIAMI HEALTH INSURANCE CONSULTANTS, INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

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:

MIAMI HEALTH INSURANCE CONSULTANTS, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

15529 SW 41 TERRACE
MIAMI, FL 33185

ARTICLE III PURPOSE

To engage in lawful business.

ARTICLE IV SHARES

100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

MATILDE MUNOZ - PRESIDENT
15529 SW 41 TERR
MIAMI, FL 33185

JUAN J. MUNOZ - VICE PRESIDENT
15529 SW 41 TERR
MIAMI, FL 33185

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI

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

JUAN J. MUNOZ
15529 SW 41 TERR
MIAMI, FL 33185

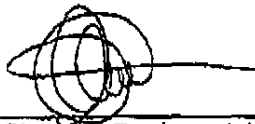
ARTICLE VII

Name and address of the Incorporator is:

JUAN J. MUNOZ
15529 SW 41 TERR.
MIAMI, FL 33185

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TALLAHASSEE, FLORIDA

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

Date: Sept 8, 2009



Signature/Incorporator

Date: Sept 8, 2009

Prepared By: L. Toyos Tax Service 7256 SW 8 Street, Miami, FL 33144