

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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FLORIDA PROFIT/NON PROFIT CORPORATION A & A HEALTH SYSTEM INC

| Certificate of Status | 0 | |
|-----------------------|---------|--|
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T. Burch MAY = 6.2010

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H10000109671 ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

FILED
SIEDRETARY OF STATE
ALL AHASSEE, FLORIDA

ARTICLE I - NAME

The name of the corporation shall be:

A & A Health System Inc

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

9600 ga & st Miami F/ 33174 Scite # 35

<u>ARTICLE III – SHARES</u>

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Aurelio Cabrera 1235 Sw 24 Ave Miami Fl 33/35 H10000109671

H10000109571

ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

AURelio CABRERA.
1235 SCO 24 Au Miami F/ 33/35.

The undersigned incorporator has executed these Articles of Incorporation this _____ day of _____ 49 ____ 20 10__.

Signature

ARTICLE VI- DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

AURELIO Cabrera (P)

SECRELMEN OF STATE
TAULANDANSFF FLORINA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

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