Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000117683 3)))



H110001176833ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE,

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION GOLDEN BUTTERFLIES SPA AND REHAB CENTER INC

Certificate of Status 0
Certified Copy 1
Page Count 03
Estimated Charge \$78.75

RECEIVED

11 APR 28 PM 4: 54

31, TISTOM OF CORRESONATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

4/28/2011 1-14

04/28/2011 13:52 3052201440

LAZARUS



11 APR 28 AM 9: 11

H11000117583

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

ARTICLE I - NAME

Golden Butterflies Spa and Rehab CENTER Inc

ARTICLE II - PRINCIPAL OFFICE

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

3900 NW 79 AVE SUITE 450 DORAL FL 33166

ARTICLE III - SHARES

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:

OSMANI GONZALEZ 3900 NW 79 AVE SUITE 450 DORAL FL 33166

LAZARUS

APPHOVES
AND PAGE 03/03
FILED

11 APR 28 AM 9: 11

SECRETARY OF STATE TALLAHASSEE, FLORIDA

H 1 1 0 0 0 1 1 7 5 8 5 ARTICLE V - INCORPORATOR

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

Osmani Gonzalez 3900 NW 79 AVE SUITE 450

DORAL FL 33166

The undersigned incorporator has executed these Articles of Incorporation this

28 day of

ARTICLE VI- DÍRECTOR (S)

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

Osmani Gonzalez (P)

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 Agen) Signature