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.

| | (((H12000137441 3))) | |
|---------|---|-------|
| | 12 RAY | |
| Note: I | DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. | CEIVE |
| To | O: Division of Corporations Fax Number : (850)617-6381 | Ċ |
| E: | rom: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)220-1440 | |
| **En | ter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** | |

FLORIDA PROFIT/NON PROFIT CORPORATION

 Certificate of Status
 0

 Certified Copy
 1

 Page Count
 03

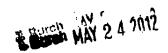
 Estimated Charge
 \$78.75

PINNACLE HEALTH RESEARCH INSTITUTE INC

Electronic Filing Menu

Corporate Filing Menu

Help



7 h

H12000137441 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

The name of the corporation shall be:

PINNACLE HEALTH RESEARCH INSTITUTE

ARTICLE II – PRINCIPAL OFFICE

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

1901 SW 1 ST. SECOND FLOOR Miami FL 33135

<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

RTICLES IV - INITIAL REGISTERED AGENT AND STREET

The name and address of the initial registered agent is:

JOSE M. Roja 1901 SW 1 ST. SECOND FLOOR Miami FL 33135

H12000137441

H12000137441

ARTICLE V - INCORPORATOR

| <u>.</u> |
|---------------|
| THE FILE L |
| हाः • • |
| |

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 Signatur

H12000137441