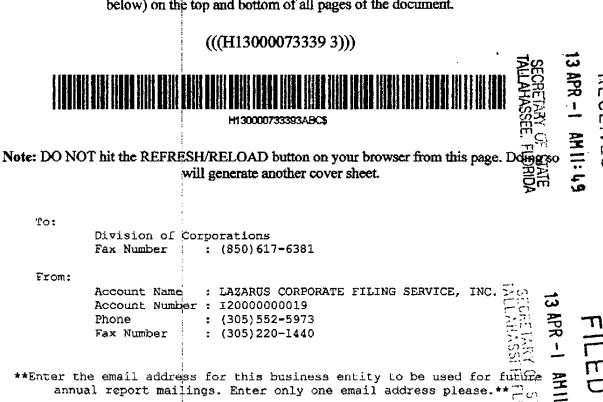
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.



# FLORIDA PROFIT/NON PROFIT CORPORATION OPAC HEALTH CARE CORP

Certificate of Status	0
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#### ARTICLES OF INCORPORATION

SECRETARY OF STATE ALLAHASSEE, FLORIDA

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:

OPAC HEALTH CARE CORP

### ARTICLE II - PRINCIPAL OFFICE

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

19581 NW 88AVE MIANI FL. 33018

# 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:

ADALBERTO LARA 19581 NW 88 AVE MIAMI. FL. 33018

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### ARTICLE V - INCORPORATOR

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

Adalberto Lara

19581 NW && AVE

Miami FL 33018

The undersigned incorporator has executed these Articles of Incorporation this

day of April 20 13

Signature

### ARTICLE VI- DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of .

Incorporation is (are):

Adalberto Lara (President)

# 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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