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	Division of Corporations		
	Fax Number	: (850)617-6381	5
From:			9
		: LAZARUS CORPORATE FILING SERVICE, INC.	<u>~</u>
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# FLORIDA PROFIT/NON PROFIT CORPORATION CORONA HEALTH CARE INC

Certificate of Status	0
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#### 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:

CORONA Health Care INC.

#### ARTICLE II - PRINCIPAL OFFICE

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

78155W coral Way Stet/111 MiAmi, Fl 33155

### 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:

Lelis Zaldivar.
7815 Sw Coral Way STE#111
Miami FL 33155

SECRETARY OF STATE DIVISION OF CORPORATIONS

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### H13000232338 ARTICLE V-INCORPORATOR

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

LELIS Zaldivar 7815 Sw Coral Way Ste 111 Miami Fl 3

The undersigned incorporator has executed these Articles of Incorporation this

| B | day of | October | 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):

LELIS ZALDIVAR (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 Agent Signature