

PH000029485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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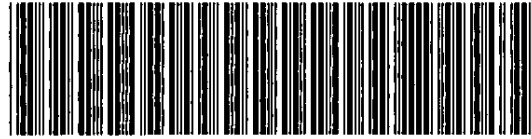
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/31/14--01020--018 \*\*70.00

FILED  
14 MAR 31 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 4/2

March 12, 2014

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

RE: **LUNAR HEALTH SOLUTIONS, INC.**

GENTLEMEN:

ENCLOSED HERewith ARE THE ARTICLES OF INCORPORATION TOGETHER WITH  
A COPY OF SAID ARTICLES FOR **LUNAR HEALTH SOLUTIONS, INC.**

OUR CHECK IN THE AMOUNT OF \$70.00 INCLUDES THE FOLLOWING:

|                  |                 |
|------------------|-----------------|
| FILING FEE       |                 |
| CHARTER TAX      |                 |
| REGISTERED AGENT | TOTAL: \$ 70.00 |

RESPECTFULLY SUBMITTED,

A handwritten signature in black ink, appearing to read "R. Cabreja", followed by the word "PRESIDENT" written in a similar cursive style.

SIGNER'S NAME: RAMON F. CABREJA  
ADDRESS: 14520 POMPANO DRIVE  
CORAL GABLES, FL 33158

DAYTIME PHONE: 786-252-0389

**ARTICLES OF INCORPORATION  
OF  
LUNAR HEALTH SOLUTIONS, INC.**

**FILED**  
**14 MAR 31 PM 3:09**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**ARTICLE I    NAME**

The name of the corporation shall be **LUNAR HEALTH SOLUTIONS, INC.**

**ARTICLE II    PURPOSE**

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

**ARTICLE III    CAPITAL STOCK**

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any one time is TEN THOUSAND (10,000) shares of common stock, having a par value of ONE (\$1.00) DOLLAR PER SHARE.

The amount of capital with which this corporation will begin business shall be the sum of not less than FIVE HUNDRED (\$500.00) DOLLARS.

**ARTICLE IV    DURATION**

This corporation shall exist perpetually unless sooner dissolved according to law.

**ARTICLE V    INITIAL REGISTERED AGENT**

The name and address of the initial registered agent is:

RAMON F. CABREJA  
14520 POMPANO DRIVE  
CORAL GABLES, FL 33158

**ARTICLE VI    INCORPORATOR**

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

RAMON F. CABREJA  
14520 POMPANO DRIVE  
CORAL GABLES, FL 33158

**ARTICLE VII    PRINCIPAL OFFICE**

The initial street address of the principal office of the corporation shall be:

14520 POMPANO DRIVE  
CORAL GABLES, FL 33158

**ARTICLE VIII    DIRECTORS**

The number of Directors of this corporation shall be at least one (1) and no more than ten (10).

The name and street address of the members of the first Board of Directors of this Corporation is as follows:

RAMON F. CABREJA  
14520 POMPANO DRIVE  
CORAL GABLES, FL 33158

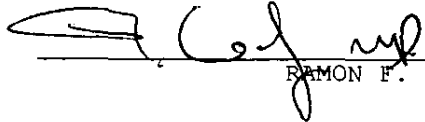
MICHELLE REINSTEIN  
14600 POMPANO DRIVE  
CORAL GABLES, FL 33158

ARTICLE IX SUBSCRIBER

The name and address of the person signing these Articles of Incorporation as subscriber is as follows:

RAMON F. CABREJA  
14520 POMPAÑO DRIVE  
CORAL GABLES, FL 33158

IN WITNESS WHEREOF, the undersigned, RAMON F. CABREJA, competent to contract, has hereunto set his hand and seal this 21 day of MARCH, 2014.

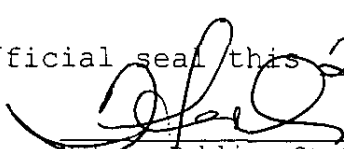
  
RAMON F. CABREJA

STATE OF FLORIDA  
COUNTY OF BROWARD

BEFORE ME, the undersigned Notary Public of the State of Florida, personally appeared RAMON F. CABREJA, known to me to be the individual described in and who executed the foregoing Articles of Incorporation, who acknowledged before me that he executed the same freely and voluntarily for the purpose therein expressed.

(Check ☒ He is personally known to me  
One) ☐ He provided the following type of identification:

WITNESS my hand and official seal this 21 day of March, 2014.

  
Notary Public, State of Florida  
My commission expires:

Notary Seal:



FRANCES CASTELVI SENTI  
MY COMMISSION # EE 065497  
EXPIRES: January 15, 2017  
Bonded Thru Budget Notary Services

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE  
SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS  
MAY BE SERVED**

IN COMPLIANCE WITH SECTION 607.325, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED:

FIRST THAT LUNAR HEALTH SOLUTIONS, INC.  
WITH ITS PLACE OF BUSINESS AT 14520 POMPANO DRIVE  
CORAL GABLES, FL 33158

HAS NAMED **RAMON F. CABREJA**  
LOCATED AT **14520 POMPANO DRIVE**  
**CORAL GABLES, FL 33158**

AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.


FILED  
14 MAR 31 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SIGNATURE   
(Corporate Officer)

TITLE PRESIDENT

DATE 3/21/14

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED  
CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE  
TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE  
PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE  
PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF  
SECTION 607.325 FLORIDA STATUTES.

SIGNATURE   
(Registered Agent)

DATE 3/21/14

BUREAU OF CORPORATE RECORDS, P.O. BOX 6327, TALLAHASSEE, FL 32314