

08/19/2032 00:40

0460 P.001.003

P14000066817

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.

(((H14000187666 3)))



H140001876663ABC8

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, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 675-5944

****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
HEALTH MIAMI USA CORP.

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

APPROVED
AND
FILED

14 AUG 11 PM 1:33

RECEIVED

14 AUG 11 AM 1:02

01

VH

H14000187666

Articles of Incorporation

IN COMPLIANCE WITH CHAPTER 607 AND/OR CHAPTER 621, F.S.

PH 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article I - Name: The name of the corporation shall be

Health Miami USA Corp.

Article II - Principal and Mailing Address

2750 SW 30 Ave
Miami FL 33133

Article III - Shares

The number of shares of stock is: 100

Article IV - Initial Officers and/or Directors

Sandra Nadal (President)

Article V - Registered Agent

The name and Florida street address of the registered agent is:

Sandra Nadal
2750 SW 30 Ave
Miami FL 33133

Article VI - Incorporator

The name and address of the incorporator is:

Sandra Nadal
2750 SW 30 Ave
Miami FL 33133

H14000187666

06/19/2032 06:41

APPROVAL #0460 P.003/003

AND
FILED
H14000187666

14 AUG 11 PM 1:33

Required Signatures:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

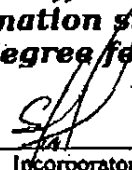
Having been named as registered agent to accept service of process for the above-stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Incorporator

Date

H14000187666