

MAR/25/2015/WED 10:09 AM FAX No. P. 001
3/25/2015 Division of Corporations
P15000028143
Florida Department of State
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.

((H15000074672 3)))



H150000746723ABC%

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

RECEIVED
15 MAR 25 AM 11:20
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

****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
ALDO'S HEALTH SOLUTIONS INC**

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

RECEIVED
15 MAR 25 PM 1:03
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

MD 3/26

MAR/25/2015/WED 10:00 AM

FAX No.

P. 002

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

ALDO'S HEALTH SOLUTIONS INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

2985 SW 25 STREET

MIAMI, FL 33133

Mailing address, if different is:

2985 SW 25 STREET

MIAMI, FL 33133

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **DOALDO R. CABALLERO (P/D)**

Address

2985 SW 25 STREET

MIAMI, FL 33133

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

MAR/25/2015/WED 10:00 AM

FAX No.

P. 003

(cont.)

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

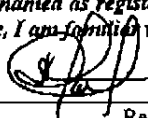
Name: DOALDO R. CABALLERO
Address: 2985 SW 25 STREET
MIAMI, FL 33133

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DOALDO R. CABALLERO
Address: 2985 SW 25 STREET
MIAMI, FL 33133

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 furnished with and accept the appointment as registered agent and agree to act in this capacity

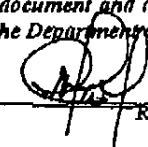


Required Signature/Registered Agent

03/24/2015

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.



Required Signature/Incorporator

03/24/2015

Date

FILED
15 MAR 25 AM 11:20
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA