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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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RECEIVED 16 AUG 22 PM 3:53 FLORIDA DEPARTMENT OF STATE TALLAHASSEE FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
HEALTH NETWORK DESIGNERS, INC

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

Electronic Filing Menu Corporate Filing Menu Help

mr 8/23/16

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:

HEALTH NETWORK DESIGNERS, INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

7414 WEST 34CT.
HIALEAH FLA 33018

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

FELIX A. GARCIA — P
LUZ MARIE MURCIA - VP
ROSE MARIE BARAGAÑA - SECRETARY

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

FELIX GARCIA
3109 N.W. 133rd St.
OPA-LOCKA FLA 33054

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

FELIX A GARCIA
3109 NW 133rd St.
OPA-LOCKA FL 33054

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Required Signatures:

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: 8/22/16

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: 8/22/16

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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