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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

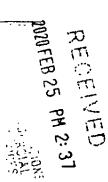
Phone : (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fmail	Address:			
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FLORIDA PROFIT/NON PROFIT CORPORATION LOOP HEALTH CARE INC

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



ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Loop Health Care Inc
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
-12/030/120AVE- 102 N
MIAMI, F1. 33186
ARTICLE III SHARES: The number of shares of stock is: 100
Tuan Ordónez Diaz (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
JUAN ORDONEZ DIAZ
9310 SW 120 AVE
MIAM! FL 33186
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
JUAN ORDONEZ DIAZ
9310 SW 120 AVE
MIAMI FL 33186

Required Signatures:

3052201440

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

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.