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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.

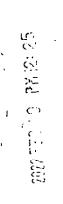
Account Number : I20000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

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

1	Address:			
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FLORIDA PROFIT/NON PROFIT CORPORATION SOLUTIONS CARE ESPINOSA 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:
Solutions Care Espinosa INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is: (P) 3939 NW 7th ST Swite 20:3 Yliami, FL 33/20 (N) 1929 SE 23 Ter Homestead FL 33035
(4) 1929 St 23 TET HOMESTEACH DE 33035
ARTICLE III SHARES: The number of shares of stock is: 100
LEVIAN DELA NUEZ ES DINO SA (P)
——————————————————————————————————————
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Leunan Dela nuez Espinosa
1929 St 23 ter Homestead Fl 33035
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Leunan Dela nuez Espinosa
1929 SE 23 ter Homestead F/
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Required Sig	<u>Inatures:</u>			
Having been corporation a	named as registered at the place designate ppointment as registe	agent to accept service of process ted in this certificate, I am familiar tered agent and agree to act in this c	for the above st with and accept apacity	ated t the
	- senas			
	Registered A		Date	
I submit this d the false infor third degree fe	iony as provided for i	that the facts stated herein are true a document to the Department of Si in s.817.155, F.S.	. I am aware th ate constitutes	at a
 -	Schward Incorpor	MIO		
	meorpor	Da	ate	

Date