

Document Number Only

P95000018681

Maria Peralta

Requestor's Name

1464 Washington Avenue

Address

Miami Beach, Fl 33139

City

State

Zip

Phone

CORPORATION(S) NAME

20000142202

-03/07/95--01001--013

*****70.00 *****70.00

RAINBOW HEALTH SERVICES, INC.

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| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of R.A. |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Will Wait | <input type="checkbox"/> Pick Up |
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

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ARTICLES 1

NAME

SECRETARY OF STATE
TALLAHASSEE FLORIDA

THE NAME OF THIS CORPORATION IS RAINBOW HEALTH SERVICES, INC.
and the mailing address is 1464 Washington Avenue, Miami Beach, Fl
33139.

ARTICLE II

DURATION

This corporation shall have a perpetual existence, unless
dissolved according to law.

ARTICLE III

PURPOSE

This corporation is organized for the purpose of transacting
any or all business for which corporation may be incorporated
under the Florida General Corporation Act.

ARTICLE IV

CAPITAL STOCK

This corporation is authorized to issue Five Hundred (500)
shares of One Dollar (1.00) Par value common stock, which
shall be designated "COMMON SHARES."

ARTICLE V

INITIAL REGISTERED OFFICE & AGENT

The street address of the initial registered office of this
corporation is 1464 Washington Avenue
Miami Beach , Florida, 33139 ,and the name of the initial
registered agent of this corporation at that address
Maria Peralta.

ARTICLE VI
INITIAL BOARD OF DIRECTOR(S)

This corporation shall have (1) (one) director(s) initially. The number of director(s) may be either increased or decreased from time to time by the By-Laws, but shall never be less than one. The name(s) and address(es) of the initial director(s) of this corporation is/are:

Maria Perlata
1464 Washington Avenue
Miami Beach, Fl 33139

ARTICLE VII
INDEMNIFICATION

To the full extent permitted by law, the corporation shall indemnify each person made or threatened to be made a party to any threatened, pending or completed action, suit, or proceeding, whether civil, criminal, administrative or investigative (including, one in the right of the corporation to procure a judgement in its favor) by reason of the fact that her or his testator or intestate, is or was a director, officer, employee or agent of the corporation or served any other corporation, partnership, joint venture, trust, or other enterprise in any capacity, at the request of the corporation.

ARTICLE VIII
OFFICERS

The officers of this corporation shall be as follows:

Maria Peralta	President & Vice President & Secretary & Treasurer
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ARTICLE IX
INCORPORATORS(S)

The name(s) and street address(es) of the incorporator(s)
to these Articles of Incorporation is/are as follows:

Maria Peralta
1464 Washington Avenue
Miami Beach, Fl 33139

The undersigned incorporator(s) has/have executed these
Articles of Incorporation on this 28 day of
February, 1995.

Maria Peralta

CERTIFICATE DESIGNATION PLACE OF BUSINESS OR DOMICILE FOR
THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT
UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 48.091 Florida Statute, the following
is submitted, in compliance with said Act:

First -- That RAINBOW HEALTH SERVICES, INC.
desiring to organize under the laws of the State of Florida
with its principal office, at 1464 Washington Avenue
City of Miami Beach, County of Dade, State of
Florida, has named Maria Peralta
located at 1464 Washington Avenue
City of Miami Beach, County of Dade, State of
Florida, as its agent to accept service of process of within
this state.

Having been named to accept service of process of the
above stated corporation, at place designated in this
certificate, I hereby accept to act in this capacity, and
agree to comply with the provision of said Act relative to
keeping open said office.

BY:

: Maria Peralta

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STATE OF FLORIDA)
COUNTY OF DADE)

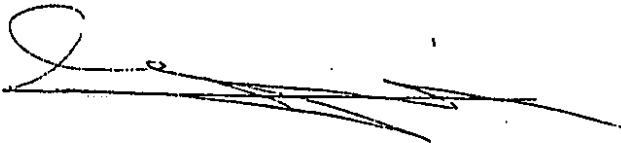
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

BEFORE ME, notary public authorized to take acknowledgments in the state and county set forth above personally appeared Maria Peralta known to me and known by me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid this 2 day of February, 1995.

My commission expires:



NOTARY PUBLIC STATE OF FLORIDA
MY COM. EXPIRES 12/31/96
Bonded Under Notary Public Underwriters