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TRANSMITTAL LETTER

June 7, 1995

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

100001512341  
-06/14/95--01008--003  
\*\*\*\*122.50 \*\*\*\*122.50

SUBJECT: Humana Health Publishers, Inc.

I enclose an original and 1 copy of the Articles of Incorporation for the above corporation and a check in the amount of \$122.50.

Hector M. Gutierrez

From: Hector M. Gutierrez  
5199 N.W. 7th Street, Apt. 208  
Miami, Florida 33126  
(305) 441-0268

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**ARTICLES OF INCORPORATION**  
**OF**  
**HUMANA HEALTH PUBLISHERS, INC.**

**ARTICLE I NAME**

The name of the corporation shall be:  
Humana Health Publishers, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

5199 N.W. 7th Street, Apt. 208  
Miami, Florida 33126

**ARTICLE III CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have  
outstanding at any one time is:

2,000 authorized shares

**ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

Anicia Sori  
5199 N.W. 7th Street, Apt. 208  
Miami, Florida 33126

**ARTICLE V INCORPORATOR**

The name and street address of the incorporator to these Articles of Incorporation  
is:

Hector M. Gutierrez  
13210 S.W. 5th Street  
Miami, Florida 33184

The undersigned has executed these Articles of Incorporation this 7th day of June,  
1995.

  
\_\_\_\_\_  
Hector M. Gutierrez, Incorporator

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: Humana Health Publishers, Inc.
2. The name and address of the resident agent and office is:

Anicia Sorl  
5199 N.W. 7th Street, Apt. 208  
Miami, Florida 33126

Signature: Walter M. Jantigny

Title: "Incorporator"

Date: JUNE 7, 1995

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature: Anicia Sorl

Date: June 7 - 1995

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