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CORPORATION(S) NAME

Care and Health Distributors Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

95 AUG -3 AM 1:38

FILED



EMPIRE

Toll Free: 1-800-432-3028

☒ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CERTIFIED COPY

R. CHESSEB

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3 1995

## ARTICLES OF INCORPORATION

of

CARE AND HEALTH DISTRIBUTORS, INC

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

### ARTICLE I - CORPORATE NAME

The name of the corporation is:

CARE AND HEALTH DISTRIBUTORS, INC

### ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

### ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

### ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 100 shares ( ) of \_\_\_\_\_ Dollar(s) (\$ 0 ) par value Common Stock, which shall be designated "Common Shares".

### ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	<u>ISIDRO CADEA</u>		
ADDRESS	<u>871 N.W. 2nd street #3</u>		
CITY	<u>MIAMI</u>	<u>(FLORIDA)</u>	ZIP <u>33128</u>

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>CARE and Health Distributors, INC.</u>		
ADDRESS	<u>2556 N.W. 7 street</u>		
CITY	<u>MIAMI</u>	<u>(FLORIDA)</u>	ZIP <u>33125</u>

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

# ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have (4) (FOUR) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	MARIA JOSE MOLINA		
ADDRESS	2891 S.W. 71 TERRACE #1209		
CITY	MIAMI FLORIDA	STATE	ZIP 33314
NAME	DONALD W. SEVILLA		
ADDRESS	2891 S.W. 71 TERRACE #1209		
CITY	MIAMI	STATE FL	ZIP 33314
NAME	ISIDRO CADEA		
ADDRESS	871 N.W. 2nd STREET #3		
CITY	MIAMI	STATE FL	ZIP 33128

# ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	MARIA JOSE MOLINA		
ADDRESS	2891 S.W. 71 TERRACE #1209		
CITY	DAVIE	STATE FL	ZIP 33314
NAME	ISIDRO CADEA		
ADDRESS	871 N.W. 2nd STREET #3		
CITY	MIAMI	STATE FL	ZIP 33128
NAME	FLOR DE MARIA MEDINA		
ADDRESS	871 N.W. 2nd STREET #3		
CITY	MIAMI	STATE FL	ZIP 33128

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
(Seal)  
\_\_\_\_\_  
(Seal)  
\_\_\_\_\_  
(Seal)

CERTIFICATE AND KNOWLEDGEMENT  
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT  
OF

CARE AND HEALTH DISTRIBUTORS  
(name of corporation)

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1995 AUG 3 AM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

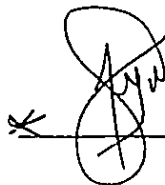
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation

at 2556 N.W. 7 STREET  
MIAMI FLORIDA 33125

has named CARE AND HEALTH DISTRIBUTORS, INC  
located at the aforesaid address, as its Registered Agent to accept service of process within  
this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated  
corporation at the place designated in this certificate, and being familiar with the obliga-  
tions of that position, I hereby accept to act in this capacity, and agree to comply with the  
provisions of Florida Law in keeping open said office.



(registered agent)