P96000041702

5/15/96 FLORIDA DIVISION OF CORPORATIONS 10:25 AM
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TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399
FAX: (904) 922-4000

FROM: FAB-T CORP. AGENTS, INC.
8405 NW 53RD ST
SUITE C-100
MIAMI FL 33166- 02-
CONTACT: LIDIA FERNANDEZ
PHONE: (305) 599-0839
FAX: (305) 592-9591

(((H96000006851))) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: MONT-REVI HEALTH CARE, INC.

FAX AUDIT NUMBER:	H96000006851	CURRENT STATUS:	REQUESTED
DATE REQUESTED:	05/15/1996	TIME REQUESTED:	10:24:56
CERTIFIED COPIES:	0	CERTIFICATE OF STATUS:	1
NUMBER OF PAGES:	3	METHOD OF DELIVERY:	FAX
ESTIMATED CHARGE:	$78.75	ACCOUNT NUMBER:	071001002325

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** ENTER 'M' FOR MENU. **

5/15/96 FLORIDA DIVISION OF CORPORATIONS 10:25 AM
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96 MAY 15 PM 3:18
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TALLAHASSEE, FLORIDA

5/15

RECEIVED
96 MAY 15 PM 12:23
DIVISION OF CORPORATIONS

H96000006851

FILED
96 MAY 15 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

MONT-REVI HEALTH CARE, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: MONT-REVI HEALTH CARE, INC.

The principal place of business of this corporation shall be: 7171 Coral Way Ste. #317
Miami, Fl 33155

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 500 Shares

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Jaime Montoya 7171 Coral Way Ste. #317
Miami, Fl 33155

Rebeca Garcia 7171 Coral Way Ste. #317
Miami, Fl 33155

Prepared by: Jaime Montoya
7171 Coral Way Ste. #317
Miami, Fl 33155
(305) 385-2451

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Jaime Montoya 7171 Coral Way Ste. #317
Miami, Fl 33155

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 15th day of May, 19 96

Signature(s) of Incorporator(s)

H96000006851

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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: Mont-Revi. Health. Care, inc

2. The name and address of the registered agent and office is:
JAIME Montoya. 7171 Coral WAy Suite 317.
(P.O. BOX NOT ACCEPTABLE) Miami Fla. 33155

(CITY/STATE/ZIP)

SIGNATURE [signature]

TITLE Director.

DATE 05/15/96

FILED
96 MAY 15 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE [signature]

DATE 5-15-96

REGISTERED AGENT FILING FEE:

H96000006851

12/06/96 1 001

P96000041702

12/06/96 FLORIDA DIVISION OF CORPORATIONS 3:03 PM
PUBLIC ACCESS SYSTEM
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(((H96000017171 5)))

TO: DIVISION OF CORPORATIONS FAX #: (904)922-4000

FROM: FAS-T CORP. AGENTS, INC. ACCT#: 071001002335
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839 FAX #: (305)716-0346

NAME: MONT-REVI HEALTH CARE, INC.
AUDIT NUMBER......H96000017171
DOC TYPE..........BASIC AMENDMENT
CERT. OF STATUS..0 PAGES....... 2
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EST.CHARGE.. $35.00

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95 DEC -6 PM 4:04

SH 12/9

Amend.

FILED
95 DEC -6 AM 8:42
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TALLAHASSEE, FLORIDA

H96000017171

FILED
95 DEC -5 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

MONT-REVI HEALTH CARE, INC.

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: ***(indicate article number(s) being amended,added or deleted)***

Article V:

The articles of incorporation shall be amended to remove Jaime Montoya and to add Rebeca Garcia as President 6951 S.W. 24th St. Miami, FL 33155

The principal place of business is: 6951 SW 24th St. Miami, FL 33155

The name and address of the registered agent is: Rebeca Garcia
6951 SW 24th St.
Miami, FL 33155

I accept the designation as registered agent

Rebeca Garcia

Rgarcia

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

Prepared by: Rebeca Garcia
6951 SW 24th St.
Miami, FL 33155
(305) 665-4148

H96000017171

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THIRD: The date of each amendment's adoption: 12/6/96 .

FOURTH: Adoption of Amendment(s) (CHECK ONE)

☒x The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by ______________________."
voting group

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this day 6 of Dec , 19 96.

Signature ______________________
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Rebeca Garcia
Typed or printed name

President.
Title