

996000057623

TRANSMITTAL LETTER

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

000001886410  
-07/06/96--01060--004  
\*\*\*\*122.50 \*\*\*\*122.50

SUBJECT: ARONDA'S HEALTH GROUP Inc.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☒ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM:

Luisa Alegria

Name (printed or typed)

12770 SW 17th

Address

Miami FL 33175

City, State & Zip

(305) 220-5513

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

96 JUL -5 PM 3:31

FILED

7/9/96  
LB

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

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

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JUL-5 PM 3:31  
TALLAHASSEE  
FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

ARONDA'S HEALTH GROUP INC.

### ARTICLE II PRINCIPAL OFFICE

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

12770 SW 17 st  
MIAMI, FL. 33175

### ARTICLE III SHARES

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

100%

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LUISA ALEGRIA  
12770 SW 17 st  
MIAMI - FL. 33175

**ARTICLE V INCORPORATOR(S)**

**See Instructions for officers/directors**

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

LUISA Alegria  
12770 SW 17<sup>th</sup> St  
Miami - FL 33175

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

19 day of June, 19 96.

(An additional article must be added if an effective date is requested.)

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE:** Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF  
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: ARONDA'S HEALTH GROUP Inc.

2. The name and address of the registered agent and office is:

Luisa Alegria  
(NAME)  
12770 SW 17th  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)  
Miami-Fl. 33175  
(CITY/STATE/ZIP)

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56 JUL -5 PM 3:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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)

6-20-1996  
(DATE)