1:20 PM

PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

(((H97000002049 9)))

DIVISION OF CORPORATIONS

FAX #:

(904) 922-4001

FROM: BUSINESS WORLD TRANSACTIONS, INC.

ACCT#:

104512000707

CONTACT: GEORGE G PICARDIE

PHONE: (305)867-8448

FAX #:

(305) 861-4414

NAME: TWINS HEALTH CARE SERVICES, CORP.

AUDIT NUMBER...... H97000002049

DOC TYPE..... FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS...0

PAGES..... 3

CERT. COPIES.....0

DEL.METHOD.. FAX

EST.CHARGE.. \$70.00

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE

FAX

AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>:

P ہب

1-922-3709

02/05/87 12:02 Fl.

Dept. of State pl /1



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 5, 1997

BUSINESS WORLD TRANSACTIONS, INC.

SUBJECT: TWINS HEALTH CARE SERVICES, INC.

REF: W97000002866

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for microfilming.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6933.

Dana Calloway Document Specialist FAX Aud. #: H97000002049 Letter Number: 697A00006050

H97000002049

FEB -5 PM 3: 21

SECRETARY OF STATE TAILLAHASSEE, FLORIDA

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.

> ARTICLEY NAME

The name of the corporation shall be: TWINS HEALTH CARE SERVICES, CORP.

ARTICLET PRINCIPAL OFFICE

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

5401 Collins Ave. 9N Miami Beach, Fl. 33140

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1000) shares at One Dollar (1.00) per value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

> Claudie Riefkohl 8912 S.W. 142 Ave. #404 Miami, Fl. 33186

Prepared by:

Claudie Rifkohl 8912 S.W. 142 Ave. #404 Miami, Fl. 33186 (305)868-1888

H97000002049

H97000002049

INCORPORATOR(S) ARTRUEY

See instructions for officers/directors

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

Claudie Riefkohl 8912 S.W. 142 Ave. #404 Miami, F1. 33186

Director & President.

Rafael Riefkohl 8950 S.W. 142 Ave. **#915** Miami, F1. 33186

Director, Vice- President &

Secretary.

Rafael J. Riefkohl .8912 S.W. 142 Ave. #404

Miami, Fl. 33186

Jorge Marquez 8888S.W. 131 Ct. #201 Miami, Fl. 33186 Director & Treasurer.

Salvatore Laratta 8912 S.W. 142 Ave. #404 Miami, Fl. 33186

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

3	day of	February	, 1	١9.	97

Signature

Signature

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

H97000002049

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:	TWINS HEALTH CARE SERVICES,	CORP.
2. The name and address of the regist	ered agent and office is:	
Claudie Ri	efkohl (NAME)	F1 97 FEB SECRETA
	142 Ave. \$404 x of Mail Drop Box NOT ACCEPTABLE)	LED -5 PM -SSEE, FL
Miami, Fl	. 33186 (City/State/Zip)	3: 21 TATE

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.

Complete (Signature) 2-3-97 (DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314