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FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: FAS-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839

ACCT#: 071001002335

FAX #: (305)716-0346

NAME: QUALITY HEALTH INSURANCE OF DADE, INC.

AUDIT NUMBER.....H97000015365

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

CERT. OF STATUS..0

PAGES..... 3

CERT. COPIES.....1

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. Mck

SEP 17 1997

ARTICLES OF INCORPORATION
OF
Quality Health Insurance of Dade, 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:

Quality Health Insurance of Dade, Inc.

The principal place of business of this corporation shall be:

8320 N.W. 8 St., No. 403, Miami, FL 33126

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 value that this corporation is authorized to have outstanding at any one time is:

500 shares of Common Stock, \$1.00 par value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

Prepared by: Sergio de Varona, CPA
Address: 8260 W. Flagler St. 1-L
Miami, FL 33144
Telephone: (305) 551-9793

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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):

| <u>NAME</u> | <u>TITLE</u> | <u>ADDRESS</u> |
|---------------------|--------------|---|
| Arturo W. Fernandez | President | 8320 N.W. 8 St. No. 403 Miami, FL. 33126 |

ARTICLE VI INCORPORATORS

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation, and the number of shares that each agree to take is(are) as follows:

| <u>NAME</u> | <u>ADDRESS</u> | <u>SHARES</u> | <u>VALUE</u> |
|---------------------|---|---------------|--------------|
| Arturo W. Fernandez | 8320 N.W. 8 St., No. 403 Miami, FL 33126 | 500 | \$500.00 |

IN WITNESS WHERE OF, the undersigned incorporator(s) has(have) executed these Articles of incorporation this 3rd day of September, 1997.

Signature(s) of Incorporator(s)

Arturo W. Fernandez

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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: Quality Health Insurance of Dade, Inc.
2. The name and address of the registered agent and office is:

Arturo W. Fernandez 8320 N.W. 8St. No. 403, Miami, FL 33126

Signature ay

Title _____

Date _____

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 agreed to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

ay