

LABARUS CORPORATE INDUSTRIES, INC.

190 S.W. 17 AVENUE, SUITE 111

Address

MIAMI, FLORIDA 33174 (305)552-5973

City/State/Zip

Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. A.M.E. HEALTH INSTITUTE INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #) UUUUU2303440--8  
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4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
97 SEP 25 PM 1:45  
STATE  
FLORIDA

9/25  
Examiner's Initials

ARTICLES OF INCORPORATION

OF

A.M.E. HEALTH INSTITUTE INC.

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

ARTICLE I NAME

The name of the corporation shall be: A.M.E. HEALTH INSTITUTE INC.

ARTICLE II PRINCIPAL OFFICE

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

2933 CORAL WAY  
MIAMI, FLORIDA

ARTICLE III CAPITAL STOCK

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

300 SHARES @ \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

ELSA GONZALEZ  
2784 N.W. 4 TERRACE  
MIAMI, FL 33125

FILED  
97 SEP 25 PM 1:45  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA  
MIAMI COUNTY

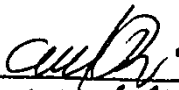
**ARTICLE V - INCORPORATORS**

The name and street address of the incorporator to these Articles of Incorporation are:

PRESIDENT - ELSA GONZALEZ - 2784 N.W. 4 TERRACE, MIAMI, FL 33125  
VICE-PRESIDENT - ANGEL DIANO - 2164 N.W. 24 ~~TH~~ STREET, MIAMI, FL 33142  
SECRETARY-TREASURER - LAZARA SANCHEZ - 2924 S.W. 26 STREET, MIAMI, FL 33133

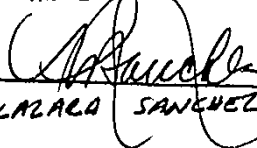
The undersigned have executed these Articles of Incorporation this 24 day of  
SEPTEMBER, 1997.

Signature/Title x



ANGEL DIANO - VICE PRESIDENT

Signature/Title x



LAZARA SANCHEZ - SEC/TREASURER



ELSA GONZALEZ - PRESIDENT

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: *A.M.E. HEALTH INSTITUTE INC.*

2. The name and address of the registered agent and office is: *ELSA GONZALEZ  
2784 N.W. 4 TERRACE  
MIAMI, FLORIDA 33125*

Signature: *Elsa Gonzalez*

Title: *President*

Date: *September 24 1997*

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: *Elsa Gonzalez*

DATE: *September 24, 1997*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA