

TRANSMITTAL LETTER

P98 000038017

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

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-04/24/98--01123--002
*****78.75 *****78.75

SUBJECT:

WINPAC SALUD, CORPORATION

(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:

EDUARDO E. PETRIATI

Name (Printed or typed)

6004 HARBOR ISLE WAY

Address

TAMARAC FL 33321

City, State & Zip

(954) 724-4968

Daytime Telephone number

98 APR 24 AM 7:55
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

F. CHESSE

APR 28 1998

498 22819

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

WINPAC SALUD, CORPORATION

ARTICLE II PRINCIPAL OFFICE

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

6004 HARBOR ISLE WAY, TAMARAC FL 33321

ARTICLE III SHARES

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

1,500 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

EDUARDO E. PETRIATI

6004 HARBOR ISLE WAY, TAMARAC, FL 33321

ARTICLE V INCORPORATOR

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

EDUARDO E. PETRIATI

6004 HARBOR ISLE WAY, TAMARAC, FL 33321

Eduardo E. Petriati

Signature/Incorporator

APRIL 22nd, 1998

Date

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

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

Eduardo E. Petriati

Signature/Registered Agent

APRIL 22nd, 1998

Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA