

P98000042120

TRANSMITTAL LETTER

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

900002515989--9
-05/07/98--01105--010
****131.25 ****131.25

SUBJECT: R & H Complete Health Services, 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: ROSA MARIA QUIROGA
Name (Printed or typed)

18553 SW. 88th
Address

Miami, FL 33157
City, State & Zip

(305) 253-5981
Daytime Telephone number

FILED
98 MAY - 7 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

mc 5/11/98

ARTICLES OF INCORPORATION
OF
R & M COMPLETE HEALTH SERVICES, INC.

FILED
98 MAY -7 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We, the undersigned incorporators, hereby make, subscribe and acknowledge, and file with the Department of State of the State of Florida these Articles of Incorporations for the purpose of forming a corporation for profit in accordance with the laws of the State of Florida.

ARTICLE I - NAME

The name and mailing address of this Corporation shall be:

R & M COMPLETE HEALTH SERVICES, INC.
18553 SW. 88 Pl. Miami, Fl. 33157

ARTICLE II - EXISTENCE

This Corporation shall have perpetual existence, unless sooner dissolved in accordance with the laws of the State of Florida.

ARTICLE III - PURPOSE

This Corporation is organized for the purpose of transacting any and all business permitted under the law of the United States and of the State of Florida.

ARTICLE IV - CAPITAL STOCK

This Corporation is authorized to issue Sixty (60) shares of no par value common stock, which shall be designated "Common Stock".

ARTICLE V - PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this Corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share

thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this Corporation is 18553 SW. 88 Pl.
Miami, Fl. 33157 and the names of the initial registered agents of this
Corporation at that are Rosa Maria Quiroga

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This Corporation shall have two directors initially. The number of directors may be either increased or diminished from time to time by the bylaws but shall never be less than two. The names and addresses of the initial directors of this Corporation are:

Rosa Maria Quiroga

18553 SW. 88 Pl.

Miami, Fl. 33157

Mario Quiroga

18553 SW. 88 Pl.

Miami, Fl. 33157

ARTICLE VIII - INDEMNIFICATION

This Corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE IX - INCORPORATION

The name and address (es) of the person (s) signing these articles is (are):

Rosa Maria Quiroga

18553 SW. 88 Pl.

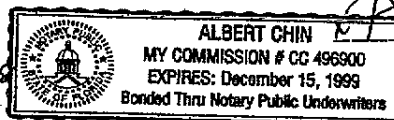
Miami, Fl. 33157

IN WITNESS WHEREOF, the undersigned subscribers have executed
these articles of incorporation this _____

State of Florida)
County of Dade)

Sworn to and subscribed before me
this 4 Day of MAY A.D. 1998

Albert Chin



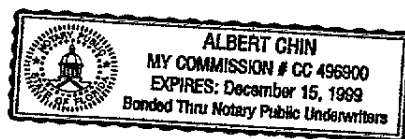
Rosa Maria Quiroga

STATE OF FLORIDA)

COUNTY OF DADE)

Before me, a notary public authorized to take acknowledgments in the state and county set forth above, personally appeared Rosa Maria Quiroga,, known to me and known by me to be the person (s) who executed the foregoing articles of incorporation, and ____ (they) acknowledged before me that ____ (they) executed those articles of incorporation.

IN WITNESS THEREOF, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid, this 4 day of MAY, 1998.




NOTARY PUBLIC, STATE OF
FLORIDA AT LARGE

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501 or 617.0501, 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: R & M. COMPLETE HEALTH SERVICES, INC.

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

Rosa Maria Quiroga

(NAME)

18553 SW. 88 Pl.

(P. O. BOX NOT ACCEPTABLE)

Miami, Fl. 33157

(CITY/STATE/ZIP)

FILED
98 MAY -7 AM 8:15
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

DATE

Rosa Maria Quiroga