Division of Corporations

# 400004808

### Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

### **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H99000001255 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Fax Number : (305)541-3770

: (305)541-3694

### FLORIDA PROFIT CORPORATION OR P.A.

MAJESTIC HEALTH SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70,00

1/15/99 1:57 PM



# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 15, 1999

EMPIRE CORPORATE KIT COMPANY

SUBJECT: MAJESTIC HEALTH SERVICES, INC.

REF: W99000001231

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 must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.)

If you have any further questions concerning your document, please call (850) 487-6925.

Barbara Brock Document Specialist FAX Aud. #: H99000001255 Letter Number: 699A00002263

### ARTICLES OF INCORPORATION

#### for

#### MAJESTIC HEALTH SERVICES, INC.

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 607 Florida Statutes, adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

MAJESTIC HEALTH SERVICES, INC.

### ARTICLE II- PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

8150 S.W. 8 Street Suite # 218 Miami, Florida 33144

#### ARTICLE III CORPORATE DURATION

The duration of the corporation is to be perpetual.

These Document prepared by: EDUARDO CANTERA, ESQ. 4864 N.W. Seventh Street Miami, Florida 33126 FBN # 154990 TEL:(305)442-4343 FAX:(305)443-2200

H99000001255

19N-12-1333 16:37

#### ARTICLE IV- PURPOSE

The corporation may engage in any activity or business permitted under the laws of the State of Florida.

#### ARTICLE V- CAPITALIZATION

The aggregate number of shares which the corporation is authorized to issue is 1,000 shares. Such shares shall be of a single class, and shall have a par value of One Dollar (\$1.00) per share.

#### ARTICLE VI- DIRECTORS

The number of directors constituting the initial board of directors of the corporation shall be One (1) director.

PASTOR CASTILLO- President

#### ARTICLE VII- INCORPORATORS

The name and address of each incorporator is:

<u>Name</u>

Address.

PASTOR CASTILLO

13348 S.W. 62 Terrace Miami, Florida 33183

H99000001255

#### ARTICLE VIII- INDEMNIFICATION

This corporation shall indemnify and may insure it's officers and directors to the fullest extent permitted by Law.

The undersigned incorporator(s) has(have) executed these Articles

of this 14th de

day of

19 99.

Signature(s) of the Incorporator(s)

PASTON CASTILLO-President

**499**000001255

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions of sections 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:	<del></del>
MAJESTIC HEALTH SERVICES, INC.	
2. The name and address of the registered agent and office	is:
EDUARDO CANTERA	<del></del>
4864 NorthWest Seventh Street	
(P.O. BOX NOT ACCEPTABLE) .	
Miami, Florida 33126	
(CITY/STATE/ZIP)	
HAVING BEEN NAMED AS REGISTERED AGENT AND ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY, I FUNDAMENTAL THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM THE PROPER AND COMPLETE PERFORMANCE OF MY POSITION AS PAMILIAR WITH AND ACCEPT THE OPCIGATIONS OF MY POSITION AS REGISTERED AGENT.  SIGNATURE  EDUARDO CANTERA  DATE  1/14/99	99 JAN 15 PN 4:53 SECRETARY OF STATE TALLAMASSEE, FLORIDA
H9900000	1255