

P99000004972
TRANSMITTAL LETTER

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

700002741337--9
-01/14/99--01044--004
*****87.50 *****87.50

SUBJECT: Health Globe Corp
(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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Maria Elena Gomez
Name (Printed or typed)

8561 NW 7th Court
Address

Pembroke Pines, FL 33024
City, State & Zip

(954) 442-3867
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JAN 14 AM 10:25

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

1-19-99

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:

Health Globe Corp

ARTICLE II PRINCIPAL OFFICE

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

8561 NW 7th Court
Pembroke Pines, FL 33024

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Caridad Gonzalez
1098 W 43 Place
Hialeah, FL 33012

ARTICLE V INCORPORATOR

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

Maria Elena Gomez /
8561 NW 7th Court
Pembroke Pines, FL
33024

Caridad Gonzalez
1098 W 43 Place
Hialeah, FL 33012

Signature/Incorporator

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

Signature/Registered Agent

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JAN 14 AM 10:25