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Florida Department of State

Division of Corporations

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

RECOVERY HEALTH CARE PRODUCTS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
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ARTICLES OF INCORPORATION

OF

RECOVERY HEALTH CARE PRODUCTS, INC.

The undersigned hereby petition for the formation of a corporation under the laws of the State of Florida, with and under the following Charter:

ARTICLE I

The name of the corporation shall be:

RECOVERY HEALTH CARE PRODUCTS, INC.

ARTICLE II

The general nature of the business to be transacted shall be import/export and sales of medical/natural health care products and or otherwise engage in any activity or business permitted under the laws of the United States of America and this State.

ARTICLE III

The capital stock of this corporation shall consist of 1000 shares of common stock of \$1.00 par value each, all or part of said stock to be issued from time to time as may be determined by the Board of Directors. On dissolution or liquidation of the corporation the holders of the stock shall be entitled to distribution rateable as their holdings may appear upon the stock record of the corporation.

ARTICLE IV

This corporation shall have perpetual existence.

ARTICLE V

The business and property of this corporation shall be managed by a Board of Directors consisting of one (1) or more members, as may be provided By-laws.

PAGE 1

GERALD T. ENGEL, ESQ.
901 N. W. 22ND AVENUE
MIAMI, FL 33125
(305) 649-7344

FL. BAR NO.: 694-290

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ARTICLE VI

The names and post office addresses of the first Board of Directors of this corporation, who, subject to the provisions of this Certificate, the By-laws of this corporation, and the laws of the State of Florida, shall hold office for the first year of this corporation's existence or until their successors are elected and have qualified, are as follows:

Residing at: JOSE ALVARO PONGUTA GARZON President
9511 FOUNTAINE BLEAU BLVD., #605
MIAMI, FL 33172

ARTICLE VII

The Registered Agent for the purpose of complying with Florida law shall be JOSE ALVARO PONGUTA GARZON and the registered agent's office of this corporation shall be 9511 FOUNTAINE BLEAU BLVD., #605, MIAMI, FL 33172.

ARTICLE VIII

The post office address of the principal office of this corporation until otherwise determined by the stockholders or the Board of Directors shall be 9511 FOUNTAINE BLEAU BLVD., #605, MIAMI, FL 33172 and branch offices may be maintained at such places in the State of Florida, and in the United States of America and in foreign countries as may from time to time be authorized by the stockholders or Board of directors of this Corporation.

ARTICLE IX

The name and post office address of the Subscriber of this Certificate of Incorporation and the number of shares of the capital stock of this corporation subscribed by the said Subscriber of this Certificate of Incorporation are as follows:

<u>NAME</u>	<u>ADDRESS</u>	<u>NO. OF SHARES</u>
JOSE ALVARO PONGUTA GARZON	9511 FOUNTAINE BLEAU BLVD., #605 MIAMI, FL 33172	1000

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ARTICLE X

The regulations of the conduct of the affairs of this corporation, the issuance of certificate of capital stock of this corporation, the voting rights of the holders of the shares of the capital stock of this corporation, are vested in the shareholders.

IN WITNESS WHEREOF, the undersigned Subscriber has hereunto set their hand and seal in the City of Miami, County of Dade, State of Florida, this 29th day of July, 1999.

SWORN TO AND SUBSCRIBED before me on this 29th day of July, 1999.

STATE OF FLORIDA)
COUNTY OF DADE) SS

JOSE ALVARO PONGUTA GARZON, PRESIDENT

I HEREBY CERTIFY that on this day personally appeared before me, the undersigned authority, JOSE ALVARO PONGUTA GARZON, known to be the person who executed the foregoing Certificate of Incorporation of RECOVERY HEALTH CARE PRODUCTS, INC., and he acknowledged before me that he has executed the same for the purpose therein set forth. The foregoing instrument was acknowledged before me by JOSE ALVARO PONGUTA GARZON, who produced identification.

SWORN TO AND SUBSCRIBED before me on this 29th day of July, 1999.

Notary Public, State of Florida

MY COMMISSION EXPIRES:

OFFICIAL NOTARY SEAL
OLGA L. CARVAL
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC607780
MY COMMISSION EXP. DEC. 15, 2000

I ACCEPT DESIGNATION AS REGISTERED AGENT OF THIS CORPORATION AND I AM FAMILIAR WITH THE DUTIES REQUIRED OF ME.

JOSE ALVARO PONGUTA GARZON

Prepared by: GERALD T. ENGEL, ESQ.
901 N. W. 22ND AVENUE
MIAMI, FL 33125
(305) 649-7344

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