

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

	300003056053—3 -11/29/9901153011 *****78.75 *****78.75
for : \$70.00 \$78.75	py of the articles of incorporation and a check \$122.50 \$131.25
Filing Fee	Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate Additional Copy Required
FROM: EURIQUE Name	(printed or typed)
- NVIOW MANY GAVE 75.91	S. D. XIE HWY Address
Little Control of the	y, State & Zip
	346-3773 Telephone number
•	12/58/
	PH 12/2/5)

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

ARTICLES OF INCORPORATION

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SEGRETARY OF STATE I

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

ARTICLE I NAME

The name of the corporation shall be:

UNISTAR HEALTH CARE CORP.

ARTICLE II PRINCIPAL OFFICE

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

7591 S. DIXIE HWY WEST PALL BEACH Fr. 33405.

ARTICLE III SHARES

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

FIVE HUNDREDSH (500,00) OF ONE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ENRIQUE A. MARTA.
7591 S DIXIE HWY
WEST PAUN BEACH FC.
33405
(561) 346.3773

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ENRIQUE A. MARTA. 7591 S. DIXIE HWY WEST PAUN BEACH. Fc. 33405

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

23 day of NOVEMBER 1999

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

Signature Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: UNISTAR. HEALTH. CARE	CORP
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2. The name and address of the registered agent and office is:

ENRIQUE A. MARTA.

(NAME)

7591 S. DIXIE HWY

(P.O. BOX OF Mail Drop BOX NOT ACCEPTABLE).

West Parm Beach. Fl. 33 x 05.

(CITY/STATE/ZIP)

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)