

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

PI800061368

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.

(((H18000204174 3)))



H180002041743ABC

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)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I2000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION CMCH HEALTH, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED
2018 JUL 13 PM 4:11
DIVISION OF CORPORATIONS
COMMERCIAL
REGISTRATION SERVICES

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2018 JUL 16 AM 8:36

FILED

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

CMCH HEALTH, INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

374 NE 19 AVE

HOMESTEAD FLA 33033

ARTICLE III SHARES: The number of shares of stock is: 100 SHARES \$2000.00

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

CARLOS MAZA PRESIDENT

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

EMILIO F. COLLAZO

756 NW 134 PL

MIAMI-FLA 33182

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

CARLOS MAZA

374 NE 19 AVE

HOMESTEAD FL 33033

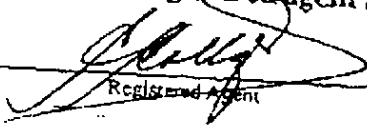
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 JUL 16 AM 8:36

FILED

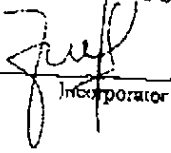
Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Registered Agent

07/10/2018
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Incorporator

7/10/18
Date