

P2 00000006414  
Florida Department of State  
Division of Corporations  
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.

((H20000026559 3))



H20000026559ABC3

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

2020 JAN 27 AM 9:26  
RECEIVED

\*\*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**  
**BGM HEALTH SERVICES INC.**

JAN 28 2020  
T. SCOTT

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

RECEIVED  
2020 JAN 27 PM 6:40  
CORPORATIONS  
COMMERCIAL  
REGISTRATION

*Second Request*

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

BGM HEALTH SERVICES INC.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

11440 N KENDALL DRIVE SUITE 500

MIAMI, FL 33176

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

BARBARA GARCIA MUSA, PRESIDENT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2020 JAN 27 AM 9:26

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

BARBARA GARCIA MUSA 11440 N KENDALL SUITE 500 DRIVE

MIAMI, FL 33176

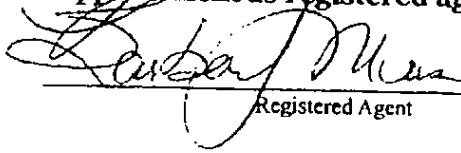
**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

BARBARA GARCIA MUSA 11440 N KENDALL DRIVE SUITE 500

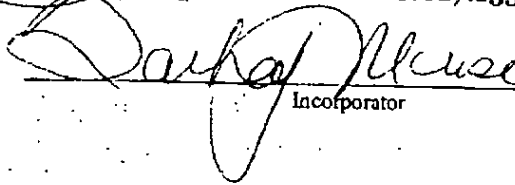
MIAMI, FL 33176

**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

      1/23/2020  
Registered Agent      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.

      1/23/2020  
Incorporator      Date