

P20000072375

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.

((H20000322869 3)))



H200003228693ABC%

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  
EVOLUTION HEALTH MANAGEMENT, CORP.

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

RECEIVED  
2020 SEP 16 PM 4:07

FILED

2020 SEP 16 PM 4:46

FILED

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

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

Evolution Health Management, Corp.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

11077 Biscayne Blvd, Suite 402 Miami, FL 33161

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

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

Issel Ramon Moreno - President

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

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

Issel Ramon Moreno 11077 Biscayne Blvd, Suite 402 Miami, FL 33161

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

Issel Ramon Moreno 11077 Biscayne Blvd, Suite 402 Miami, FL 33161

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2020 SEP 16 PM 4:46

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**

*Lamon*

\_\_\_\_\_  
Registered Agent

09/15/2020

\_\_\_\_\_  
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.**

*Lamon*

\_\_\_\_\_  
Incorporator

09/15/2020

\_\_\_\_\_  
Date