

3/17/23, 9:13 PM

P23000021063

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.

(((H230001031173)))



H230001031173ABCS

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 : CESPEDES CPA, INC
Account Number : 120220000109
Phone : (786)452-4615
Fax Number : (844)773-3487

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

Email Address: manoloian2004@yahoo.com

OFFICE OF THE
CLERK OF THE
STATE
TALLAHASSEE, FL

2023 MAR 20 PM 10:26

FILED

**FLORIDA PROFIT/NON PROFIT CORPORATION
RIOS HEALTH CARE INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

10:8:01
2023

Electronic Filing Menu

Corporate Filing Menu

Help

((H23000103117 3)))

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: RIOS HEALTH CARE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10040 SW 165TH TER

MIAMI FL 33157

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: 'ANY AND ALL LAWFUL BUSINESS'

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: IDARMIS RIOS BERNAL/PRESIDENT

Name and Title: _____

Address 10040 SW 165TH TER

Address: _____

MIAMI FL 33157

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

((H23000103117 3)))

2023 MAR 20 PM 10:26
CLERK OF STATE
TALLAHASSEE, FL

FILED

(((H23000103117 3)))

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: IDARMIS RIOS BERNAL

Address: 10040 SW 165TH TER

MIAMI FL 33157

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: IDARMIS RIOS BERNAL

Address: 10040 SW 165TH TER

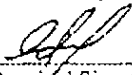
MIAMI FL 33157

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*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:*

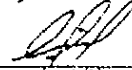
x 

Required Signature/Registered Agent

03/17/2023

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.

x 

Required Signature/Incorporator

03/17/2023

Date

(((H23000103117 3)))

FILED

2023 MAR 20 PM 10:26

CLERK OF STATE

TALLAHASSEE, FL