

3/17/23, 9:13 PM

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Division of Corporations
Electronic Filing Cover Sheet

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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

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OFFICE OF STATE
TALLAHASSEE, FL

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FLORIDA PROFIT/NON PROFIT CORPORATION
RIOS HEALTH CARE INC

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

10:18:01
2023

((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: 10040 SW 165TH TER
MIAMI FL 33157
Mailing address, if different is: _____

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 Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FL

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

ARTICLE VI REGISTERED AGENT

The 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 INCORPORATOR

The name and address of the Incorporator is:

Name: IDARMIS RIOS BERNAL

Address: 10040 SW 165TH TER
MIAMI FL 33157

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 TALLAHASSEE, FL
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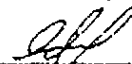
ARTICLE VIII EFFECTIVE DATE:

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:

 03/17/2023
 Required Signature/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.

 03/17/2023
 Required Signature/Incorporator Date

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