## POLOOPASTAS/FILED 01 OCT 26 PM 1: 40

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SECRETANY OF STATE TALLAHASSEE, FLORIDA

SUBJECT: Quality Health Services of South Florida. Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

**□\$78.75** 

**№ \$87.50** 

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Folipe de Jesus Gascon

Name (Printed or typed)

6503 SW 129 dove

Address

Migmi, Florida, 33183.

City, State & Zip

(305) 382-9215 Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

07.
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:  Ought to the Corporation of the Cor
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  6503 Sw 129th are  Miami, Florida 33/83  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  Provide Services as authorized by Board of Directors.
ARTICLE IV SHARES The number of shares of stock is:  100 shares
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)  The name(s), address(es) and title(s):  Felipe & Jesus Gaseon - President Director
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:  Telipe de Vesus Gasem  6503 SW 139th ave, Miami Florida 33183
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
Felipe de Vesus Goscon  6503 SW 109th ave, Moin', Florida 3383  ARTICLE VIII - Effective dere shall be 10/25/2021  **********************************
rertificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
Signature/Registered Agent  Date
Δ1¢1

Signature/Incorporator