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CORPORATE FILING SERVICE
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305-552-5973 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time _ Certified Copy Walk in Mail out Will wait Photocopy Certificate of Status NEW FILINGS **AMENDMENTS** Profit Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION Annual Report Foreign ☐ Fictitious Name Limited Partnership Reinstatement Trademark Other

Examiner's Initials

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SECRETARY OF STATE . TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

Royal House Health & Cooperination servicing

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

20329 NW 52 P.L LISMI F.L 33055

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

GERARDO AleMAN Je.

20329 NW 52 PL MIDNI FL 33055

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SECRETARY OF STATE
TALLAHASSEE, FLORIS.

ARTICLE V - INCORPORATOR

The name and st	treet add	ress of the	incor	porator to these	Articles of	•
Incorporation is:	Ge	Rando	, f	fleman	TR	
20329	pw	52	PL	Mismi	F.L	33055

ARTICLE VI- DIRECTOR(S)

ionature

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Gerardo Aleman JR - President MAIKELYS L. CASTELLANOS - U.P

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE
Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature