

01/03/2017

#3108 P.001/001

P120000018329

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
DELTA HEALTH CORP.

Certificate of Status	0
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February 22, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations
LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: DELTA HEALTH CORP.
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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Claretha Golden
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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:

Delta Health Plus Corp.

ARTICLE II - PRINCIPAL OFFICE

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

3900 NW 79th Ave. Ste. 537
Doral, FL 33166

ARTICLE III - SHARES

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

1,000

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Zoila Cardenas
3900 NW 79th Ave Ste 537
DORAL FL 33166

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

3900 NW 79th Ave Ste. 537
Doral, FL. 33166
ZOILA CARDENAS

The undersigned incorporator has executed these Articles of Incorporation this

21 day of February 2012.


Signature

ARTICLE VI- DIRECTOR (S)

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

Zoila Cardenas (P)
3900 NW 79 Ave Ste. 537
Doral. FL. 33166

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

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