

**Division of Corporations Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973

Fax Number

: (305)675-5944

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

 Addrace:			
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## FLORIDA PROFIT/NON PROFIT CORPORATION OBAMACARE ENROLLMENT CENTER INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

#3512 P.002/003

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ARTICLES OF INCORPORATION #113	OQ
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	00*
	oct
27/17	KETAI AHZ
Obamacare Enrollment Center	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	, ,
10773 NW 58 St #164	
Doral Fl 33178.	
1.00	•
ARTICLE III SHARES: The number of shares of stock is:	· · ·
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
	<u></u>
President => Beatriz Sierra	—
	: . ·
Vicepresident => Martin Ramire	<del>_</del>
The production of the producti	<del>-</del>
	_
	<del>-</del> .
	· _ ,
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS	
The name and Florida street address (PO Box not acceptable) of the registered agen	it is:
BEATRIZ SIERRA	_
10173 NW 58 ST #104	_
DORAL FL 33178	· · · · ·
ARTICLE VI INCORPORATOR: The name and address of the Incorporator	r is:
BEATRIZ SIERRA	_
10773 NW 58 ST # 1104	·
D-00 51 32170	<u> </u>

## **Required Signatures:**

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

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.