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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : ALLSTATE MEDICAL CONSULTING, INC.
Account Number : I20110000067
Phone : (786)362-0124
Fax Number : (786)620-2583

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
FLORIDA HEALTH CARE FOR ALL, INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$70.00

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TALLAHASSEE, FLORIDA

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MD 11/25

KAIZEN MEDICAL CONSULTING 3055416612 p.1

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: Florida Health Care For ALL, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

9766 SW 24 ST. STE 17.
Miami, FL 33165

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P Quesada, Oswaldo
Address 9766 SW 24 ST. #17
Miami, FL 33165

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

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: Quesada, Oswaldo

Address: 9766 SW 24 ST. Ste 17

Miami, FL 33165

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Quesada, Oswaldo

Address: 9766 SW 24 ST. Ste 17

Miami, FL 33165

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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 business days prior or 90 business 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.

X _____ 11/23/15

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.

X _____ 11/23/15

Required Signature/Incorporator Date