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Florida Department of State
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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
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****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
J.F HEALTH SERVICES INC.**

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

APR 7 2016

S. GILBERT

RECEIVED
16 APR -4 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

H16000083300

ARTICLE I NAME: The name of the corporation is:

J.F Health Services Inc.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

6501 SW 42 St

Miami FL 33155

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Jose Figueredo (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Jose Figueredo

6501 SW 42 St

Miami FL 33155

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Jose Figueredo

6501 SW 42 St

Miami FL 33155

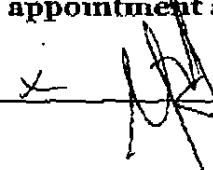
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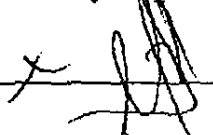
H16000083300

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

 _____
Registered Agent 4-4-16
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.

 _____
Incorporator 4-4-16
Date

H16000083300