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Florida Department of State  
Division of Corporations  
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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.\*\*

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FLORIDA PROFIT/NON PROFIT CORPORATION  
GLOBAL HEALTH FNC MANAGEMENT, INC.

Certificate of Status	0
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COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: GLOBAL HEALTH FNC MANAGEMENT, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy  
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status  
ADDITIONAL COPY REQUIRED

FROM: GLOBAL HEALTH FNC MANAGEMENT, INC.  
Name (Printed or typed)  
4483 N State Rd 7  
Address  
LAUDERDALE LAKES 33319  
City, State & Zip  
954) 702-5606  
Daytime Telephone number  
usachiropactor@llve.com  
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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

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**ARTICLE I NAME**  
The name of the corporation shall be: GLOBAL HEALTH FNC MANAGEMENT, INC.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

Mailing address, if different is:

4483 N. State Rd 7

LAUDERDALE LAKES 33319

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: FOR SERVICES

**ARTICLE IV SHARES**  
The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: BERNARD DESPINOSSE, PRESIDENT

Name and Title: \_\_\_\_\_

Address 701 AZALEA Ct.

Address: \_\_\_\_\_

PLANTATION, FL 33517

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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: BERNARD DESPINOSSE  
Address: 701 AZALEA CT.  
PLANTATION, FL 33317

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: BERNARD DESPINOSSE  
Address: 701 AZALEA CT.  
PLANTATION, FL 33317

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 05/19/2016 (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*

Bernard Despinosse 05/19/2016  
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.*

Bernard Despinosse 05/19/2016  
Required Signature/Incorporator Date  
Bernard Despinosse

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