

P16000069180

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000207851 3)))



H160002078513ABCJ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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.****

Email Address: _____

RECEIVED

16 AUG 22 PM 3:53

16 AUG 22 AM 9:49
SECURITY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
HEALTH NETWORK DESIGNERS, INC**

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

me 8/23/16

08/22/2016 14:02

3852281448

LAZARUS

PAGE 02/03

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

H16000207851

ARTICLE I NAME: The name of the corporation is:

HEALTH NETWORK DESIGNERS, INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

7414 WEST 34th

MIALEAH FLA 33018

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

100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

FELIX A. GARCIA - P

LUZ MARIE MURCIA - VP

ROSE MARIE BARAGANA - SECRETARY

16 AUG 22 AM 9:49
STATE OF FLORIDA
TALLAHASSEE

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

FELIX GARCIA

3109 N.W. 133rd St.

OPA-LOCKA FLA 33054

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

FELIX A GARCIA

3109 NW 133rd St.

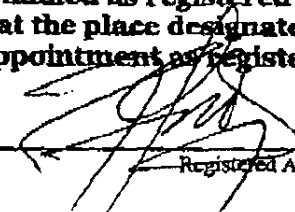
OPA-LOCKA FL 33054

H16000207851

H16000207851

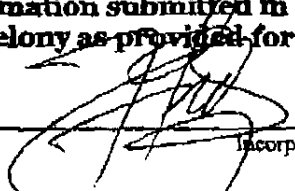
Required Signatures:

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 8/22/16
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 8/22/16
Date

16 AUG 22 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H16000207851