

**P17000023596**

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.**

((H17000070919 3)))



H170000709193ABC1

**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

17 MAR 14 AM 9:48  
RECEIVED  
DIVISION OF CORPORATIONS  
FLORIDA

**\*\*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

17 MAR 14 PM 4:44

RECEIVED  
DIVISION OF CORPORATIONS  
FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Qualified Health Management Inc.**

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

Electronic Filing Menu

Corporate Filing Menu

Help

41 3/15/17

417000070919

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

Dualified Health Management Inc.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

11721 SW 122 CT Miami, FL 33186

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

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Viviana M. Perez (President)

Teresita R. Valdes (Vice President)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Viviana M. Perez

11721 SW 122 CT

Miami FL 33186

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

Viviana M. Perez

11721 SW 122 CT

Miami FL 33186

RECORDED  
FILED  
MAR 14 2017  
ALLAHBASTE FL 06107

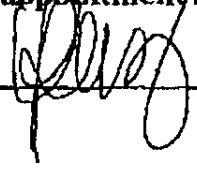
17 MAR 14 AM 9:49

417000070919

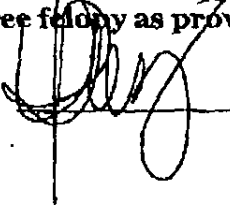
H17000070919

**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      02/14/17  
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      02/14/17  
Date

17 MAR 14 AM 9:40  
DEPT. OF STATE  
TALLAHASSEE FLORIDA

H17000070919