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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
AP HEALTH CORP**

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
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05/15/17

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Articles of Incorporation

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, Hereby adopt(s) the following articles of incorporation.

ARTICLE I: NAME

The name of the corporation shall be:

AP HEALTH CORP

ARTICLE II: PRINCIPAL OFFICE

LAZARA HERNANDEZ

50 W 53 ST
HIALEAH FL 33012

ARTICLE III: SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares value of \$1.00

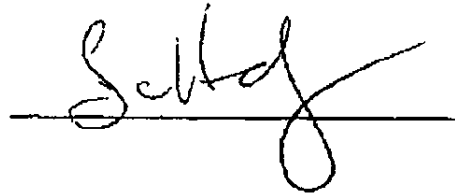
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ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

**LAZARA HERNANDEZ
50 W 53 ST
HIALEAH FL 33012**

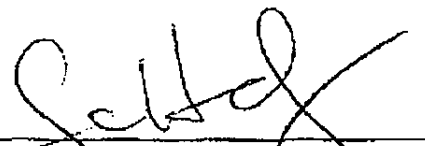


ARTICLE V: INCORPORATORS

The name(s) and street address(es) of the director(s) of these Articles of Incorporation is(are)

**LAZARA HERNANDEZ 50 W 53 ST
HIALEAH FL 33012**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation on


**PRESIDENT VICEPRESIDENT
TREASURY SECRETARY**

LAZARA HERNANDEZ

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**CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED
OFFICE**

Pursuant to the provision of the sections 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1-The name of the corporation is:

AP HEALTH CORP

2-The name and address of the registered agent and office name is:

LAZARA HERNANDEZ

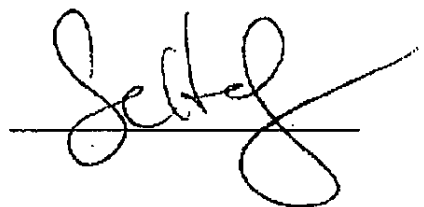
P.O. Box not acceptable

50 W 53 ST

HIALEAH FL 33012

17 MAY 12 AM 11:23
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and that I am familiar with and accept the obligations of my position as registered agent.



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