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.

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To:	Division of Corporations	₹.	
	Fax Number : (850)617-6381		. ão ,>=
from:	Account Name : LAZARUS CORPORATE F: Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944	200 mm	
*Enter an	the email address for this business en nual report mailings. Enter only one en	tity to be used for future mail address please.** 💬	
	ail Address:		

FLORIDA PROFIT/NON PROFIT CORPORATION CHENDRI HEALTH CARE INC

RECEIVED

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artificate of Status	0	
rtified Copy	1	
ge Count	03	
stimated Charge	\$78.75	
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N. SAMS

APR 04 2018

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Corporate Filing Menu

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

i i
ARTICLE 1 NAME: The name of the corporation is:
chendri Health Care INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
1771 NW 32 5+ MIAMI FC
33147
ARTICLE III SHARES: The number of shares of stock is: 100.
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Reina Eloina Escobar Comendador (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Keina Floina Escobar Comendador
1777 NW 32 St.
MIAMI FL 33142
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Reina Eloina Escobar: Comendador
1777 NW 32 5t.
MIAMI FL 33142 11
H18000000

H18000105421

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

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

Date

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