

P18000076534

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(Business Entity Name)

(Document Number)

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SECRET  
DIVISION OF REVENUE  
18 SEP 11 PM 3 41

## COVER LETTER

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

SUBJECT: E&H MEDICAL SERVICES, 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

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

**ADDITIONAL COPY REQUIRED**

FROM: EMELYN M. LIRANZO  
Name (Printed or typed)

10645 SW 100 STREET  
Address

MIAMI, FLORIDA 33176  
City, State & Zip

(305) 491-9506  
Daytime Telephone number

liranzo@ya-hoo.com  
E-mail address: (to be used for future annual report notification)

13 SEP 11 PM 3 51

FILED  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

**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)

ARTICLE I NAME

The name of the corporation shall be: E & H MEDICAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10645 S.W. 100 STREET  
MIAMI, Florida 33176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any Lawful business

ARTICLE IV SHARES

The number of shares of stock is: one 1

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EMELYN M. LIRANZO  
President

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

Address

Address:

10645 S.W. 100 STREET  
MIAMI, Florida 33176

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: EMELYN M. LIRANZO

Address: 10645 S.W. 100 STREET  
MIAMI, FLORIDA 33176

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Emelyn M. LIRANZO

Address: 10645 S.W. 100 STREET  
MIAMI, FLORIDA 33176

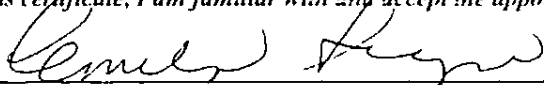
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: January 01, 2018 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

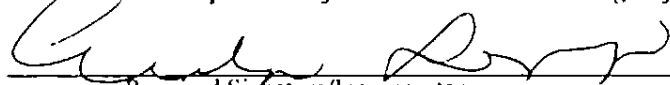


Required Signature/Registered Agent

11/18/17

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.*



Required Signature/Incorporator

11/18/17

Date

09/11/2018 13:04

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September 10, 2018

State of Florida Department of Revenue

Attention: Carlos Rico

REGARDING: LETTER of RELEASE

Mrs. Emelyn Liranzo who is President of E&H MEDICAL SERVICES, INC. Document # P16000013065 is not going to reinstate the corporation E&H MEDICAL SERVICES, INC. I am authorizing the release of the name E&H MEDICAL SERVICES, INC. If you have any questions please contact me at (305) 491-1344.

Thank You,

Emelyn Liranzo(President)

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STATE OF FLORIDA  
DIVISION OF REVENUE  
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