

**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.**

((H18000282156 3)))



H180002821563AB00

**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: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**AM HEALTH USA CORP**

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

**FILED**  
 2018 SEP 27 AM 10:41  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:AM Health USA CORP**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

100 Kings Point Drive Apt 1710Sunny Isles Beach, FL 33160**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Arian Morales Carrillo(P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

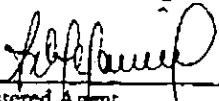
Arian Morales Carrillo100 Kings Point Drive APT 1710Sunny Isles Beach FL 33160**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Arian Morales Carrillo100 Kings Point Drive APT 1710Sunny Isles Beach FL 33160SECRETARY OF STATE  
TALLAHASSEE, FL

2018 SEP 27 AM 10:41

FILED

**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\_\_\_\_\_  
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**FILED****2018 SEP 27 AM 10:41****SECRETARY OF STATE  
TALLAHASSEE, FL**