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.

(((H18000290518 3)))



H180002905183ABC1

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 : 120000000019 ; (385)552-**5**973 Phone 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.\*\*

Fmail Address:			
PRIATI AUDITESS.		 	

## FLORIDA PROFIT/NON PROFIT CORPORATION PEREZ MANAGEMENT HEALTH CORP.

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

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

NAME: The name of the corporation is:

ARTICLE 1 NAME: The name of the corporation is:
PEREZ MANAGMENT HEALTH CORP.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
15610 SW 8016 ST Apt 105
15610 SW 8014 ST Apt 105 Niami, Fl 33193
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
YAMIL PEREZ CONCEPCION PO
THE OF THE
SET 3
FA O
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
VAMIL PEREZ CONCEPCION
15610 SW 80th ST apT 105
MIAMI FL 331931
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
VAMIL PEREZ CONCERCION
VAMIL PEREZ CONCEPCION 15610 SW 80 th ST apT 105
MIAMI FL 33193

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

Registrated Agent

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.

Incolorator Date

2018 OCT -5 AM 9: 16 SECRETARY OF STATE

Date