

Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LAW OFFICES OF CARRILLO & CARRILLO, P.A.
Account Number : I20060000049
Phone : (305)460-6001
Fax Number : (305)460-6002

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: manny.niebla@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
JUSTWELL HEALTH PARTNERS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

FILED
2018 OCT 18 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OCT 19 2018

ARTICLES OF INCORPORATION

In compliance with Chapter 607 of the Florida Statutes for a for profit corporation.

ARTICLE I NAME

The name of the corporation shall be JUSTWELL HEALTH PARTNERS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal office of the corporation shall be as follows:

700 BILTMORE WAY
APT. 1011
CORAL GABLES, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is ANY LAWFUL PURPOSE.

ARTICLE IV SHARES

The number of shares of stock the corporation is 1,000.00.

ARTICLE V INITIAL OFFICERS

The initial officers of the corporation are as follows:

JUSTO LUIS POZO, III, PRESIDENT
700 BILTMORE WAY
APT. 1011
CORAL GABLES, FL 33134

MANUEL A. NIEBLA, VICE PRESIDENT
888 S. DOUGLAS RD
APT. 102
CORAL GABLES, FL 33134

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent for the corporation is:

LAW OFFICES OF CARRILLO & CARRILLO, P.A.
3676 S.W. 2 STREET
MIAMI, FL 33135

ARTICLE VII INCORPORATOR

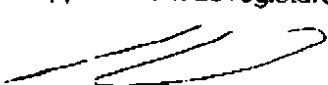
The name and address of the Incorporator is:

MANUEL A. NIEBLA
888 S. DOUGLAS RD
APT. 102
CORAL GABLES, FL 33134

ARTICLE VIII EFFECTIVE DATE

Effective date of these Articles is the date of filing.

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



Signature of Registered Agent

10/17/18
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.



Signature of Incorporator

10/17/18
Date