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Florida Department of State
Division of Corporations
Annual Report Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
JT HEALTH SERVICES, INC

Certificate of Status	0
Certified Copy	1
Page Count	04
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NOV 14 2018

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act; Hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:
UT HEALTH SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

The principle place of business and mailing address of this corporation shall be:
3634 SW 156 CT
MIAMI, FL 33185

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: FIVE (500) HUNDRED SHARES ONE DOLLAR (1) PER VALUE COMMON STOCK

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:
JOHN TIELVES
3634 SW 156 CT
MIAMI, FL 33185

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ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

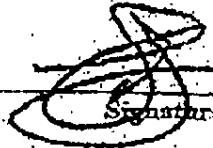
JOHN TIELVES
3634 SW 156 CT
MIAMI, FL 33185

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

JOHN TIELVES (PRESIDENT & SECRETARY)
3634 SW 156 CT MIAMI, FL 33185

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 09 day of NOVEMBER, 2018.

X 
Signature

Signature

Signature

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:
JT HEALTH SERVICES, INC
2. The name and address of the registered agent and office is:

JOHN TIELVES

(NAME)

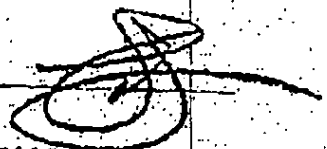
3634 SW 156 CT

(P.O. BOX NOT ACCEPTABLE)

MIAMI FL 33185

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE 

DATE 11/09/2018