

JUL/24/2019 WED 11:52 AM

FAX No.

P. 001/003

7/24/2019

P19000057502

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
HISPANIC-AMERICAN OZONE THERAPY ASSOCIATION INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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N. SAMS

JUL 25 2019

Electronic Filing Menu

Corporate Filing Menu

Help

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: HISPANIC-AMERICAN OZONE THERAPY ASSOCIATION INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

6104 S. DIXIE HWY

SOUTH MIAMI, FL 33143

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE GERMAN MEDINA (P/D)

Name and Title: _____

Address

6104 S. DIXIE HWY

Address: _____

SOUTH MIAMI, FL 33143

Name and Title: ARTURO RODRIGUEZ (V/S/D)

Name and Title: _____

Address

6104 S. DIXIE HWY

Address: _____

SOUTH MIAMI, FL 33143

Name and Title: _____

Name and Title: _____

Address

Address: _____

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2019 JUL 24 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FAX No.

P. 003/003

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: ARTURO RODRIGUEZ
Address: 6104 S. DIXIE HWY
SOUTH MIAMI, FL 33143

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ARTURO RODRIGUEZ
Address: 6104 S. DIXIE HWY
SOUTH MIAMI, FL 33143

ARTICLE VIII EFFECTIVE DATE:

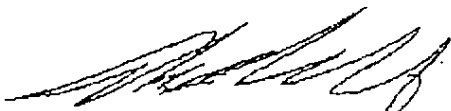
Effective date, if other than the date of filing: _____ (OPTIONAL)

(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

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.



Arturo Rodriguez (Incorporator/Registered Agent)

Date: 07/08/2019

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TALLAHASSEE, FLORIDA