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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**ANP Health Services Inc**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

FILED  
19 JUL 26 PM 5:06  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:  
ANP Health Services INC

### **ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:  
471 Ives Dairy Rd Apt 306, North Miami, FL 33179

**ARTICLE III SHARES:** The number of shares of stock is:  
100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**  
Nelson Hurtado - P

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**  
The name and Florida street address (PO Box not acceptable) of the registered agent is:  
Name: Nelson Hurtado  
Address: 471 Ives Dairy Rd Apt 306, North Miami, FL 33179

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:  
Name: Nelson Hurtado  
Address: 5745 Augusta Cir, Sarasota, FL 34238

### **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

Nelson Hurtado  
Registered Agent

7/26/19  
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.

Nelson Hurtado  
Incorporator

7/26/19  
Date

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