

PI9000078509

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
NEURO HEALTH PROTECTION INC**

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: Neuro Health Protection INCARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

4775 SW 2 St.
Miami FL 33134sameARTICLE III PURPOSEThe purpose for which the corporation is organized is: Any and all lawful businessARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Shyam Gajavelli PresName and Title: Uma Vempatti Vice Pres

Address

4775 SW 2 St.
Miami FL 33134

Address:

4775 SW 2 St.
Miami FL 33134

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Shyam Gajavelli
Address: 4775 SW 2 St.
Miami FL 33134

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Shyam Gajavelli
Address: 4775 SW 2 St
Miami FL 33134

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

Shyam
Required Signature/Registered Agent

10/12/19
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.

Shyam
Required Signature/Incorporator

10/12/19
Date