

**P19000093173**

Florida Department of State  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
W.OSLER COMPLETE CARE, CORP**

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 NAME**The name of the corporation shall be W. OSLER COMPLETE CARE, CORP**ARTICLE II PRINCIPAL OFFICE**

Principal street address

801 WEST 48 ST SUITE A  
HIALEAH, FL 33012

Mailing address, if different is:

801 WEST 48 ST SUITE A  
HIALEAH, FL 33012**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: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ODALYS FRONTELA

Name and Title: \_\_\_\_\_

Address: PRESIDENT

Address: \_\_\_\_\_

801 WEST 48 ST SUITE AHIALEAH, FL 33012

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ODALYS FRONTELA  
 Address: 801 WEST 48 ST SUITE A  
HIALEAH, FL 33012

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ODALYS FRONTELA  
 Address: 801 WEST 48 ST SUITE A  
HIALEAH, FL 33012

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01/02/2020 (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*

\_\_\_\_\_  
 Required Signature/Registered Agent 01/02/2020  
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.*

\_\_\_\_\_  
 Required Signature/Incorporator 01/02/2020  
Date