

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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Division of Corporations  
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FLORIDA DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 BUREAU OF COMMERCIAL  
 AND PROFESSIONAL SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**SUPPORT HEALTH SOLUTION INC**

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

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:Support Health Solution  
INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

6845 W. 3. CT APT 104F  
HIJALPAH FL 33014**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Julio Arsenio Rodriguez (VP)Nancy Rodriguez (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

JULIO ARSENIO RODRIGUEZ  
6845 W 3 CT APT 104F  
HIJALPAH FL 33014**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:JULIO ARSENIO RODRIGUEZ  
6845 W 3 CT APT 104F  
HIJALPAH FL 33014

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**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

\_\_\_\_\_  
Registered Agent

01/24/20  
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.

\_\_\_\_\_  
Incorporator

01/24/20  
Date