

2/3/2020

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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
MS HEALTH SERVICES, INC.

Certificate of Status	0
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FEB 01 2020

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: MS HEALTH SERVICES, INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1924 SW 151 PLMIAMI, FL 33185**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: HEALTH SERVICES FOR PATIENTS AL HOME.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MANUEL SILVA (P)

Name and Title: _____

Address 1924 SW 151 PL

Address: _____

MIAMI, FL 33185

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: MANUEL SILVAAddress: 1924 SW 151 PLMIAMI, FL 33185**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: MANUEL SILVAAddress: 1924 SW 151 PLMIAMI, FL 33185**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.

Required Signature/Registered Agent:_____
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_____
Date