## 2000 Clorita Espainment of State Division of Corporations Electrodic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200001886503)))



H200001886503ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

|       | Division of Co<br>Fax Number |   | ••           |
|-------|------------------------------|---|--------------|
| From: |                              |   |              |
|       | Account Name                 | : LAZARUS CORPORATE FILING SERVICE, INC.    |              |
|       | Account Number               | : I2000000019                               |              |
|       | Phone                        | : (305)552-5973                             |              |
|       | Fax Number                   | : (305)675-5944                             |              |
|       |                              | •   | .=,          |
|       |                              | s for this business entity to be used for f | <u>당칠</u> 다. |

FLORIDA PROFIT/NON PROFIT CORPORATION DIVISION OF HEALTH, INC.

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

2020 JUN 19 PH 4:5:

(?)

Email Address:

## ARTICLES OF ENCORPORATION In compliance with Chapter 607 (Profit)

| ARTICLE I NAME: The name of the corporation is:   | :       |
|---|---------|
| Division of Health, INC   | · :.    |
| ARTICLE II PRINCIPAL OFFICE:  | .j      |
| The principal street address and mailing address is:  |         |
| - Suite 201   |         |
| Haleah, Fi. 32012   | ٠.;,    |
| ARTICLE III SHARES: The number of shares of stock is: 100   |         |
| ARTICLE IV INITIAL DERECTORS AND/OR OFFICERS:   |         |
| Jahzier Arias (P)   |         |
|   | :<br>!: |
|   | <br>س   |
|   | Į       |
|   |         |
|   | i ''    |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS.  The name and Florida street address (PO Box not acceptable) of the registered agent is: | ı:      |
| Jahzier Arias   |         |
| 1435 W 49th Pl Suite 201  |         |
| - Halean Fc. 33012  |         |
| ARTICLE VI INCORPORATION AS   |         |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:  (Same a above)   | ;<br>;  |
| Jahzier Arias   | .:      |
| 1435 W 49 to Pl.  | ٠.      |
| Soite 201<br>Haleah, Fc. 33012  |         |
|   |         |

## Required Signatures:

Having bean 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



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 a 817.155, P.S.

