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	Ema	all Address:		<del></del> ,	•
Tan 0707			s for this business entity to be used for ings. Enter only one email address please.		
6-			: I20000000019 : (305)552-5973 : (305)675-5944		20 .75
PH 3: 54	To:		rporations : (850)617-6381 : LAZARUS CORPORATE FILING SERVICE, INC.		

## FLORIDA PROFIT/NON PROFIT CORPORATION LUNAS HEALTH CENTER INC

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

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

ARTICLE 1 NAME: The name of the corporation

the name of the corporation is:
· Lunas Health Center Inc
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
164 13 Su) 288 st ast las 1 L \
164 13 500 288 st apt 103 Homestead F1 33033
ARTICLE III SHARES: The number of shares of stock is:
•
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
hosangel (una Ceal (P)
- Comment of the Comm
· · · · · · · · · · · · · · · · · · ·
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
LOSANGEL LUNA LEAL
15413 SW 288 ST Apt 103
Homestead FL 33033
·
ARTICLE VI INCORPORATOR: The name and address of the incorporator is:
Mosangel LUNA LeaL
15413 SW 288 ST. Apt 103
Homestead FL 33033

## 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 7/9/20

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

20 JPE -9 PH to 27