P20000057687

Florida Department of State
Division of Corporations
Electronic 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.

(((H20000254076 3)))

H200002540763ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

FILED
2020 JUL 31 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FL

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
KLEAR HEALTH SYSTEM INC

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

Electronic Filing Menu Corporate Filing Menu Help

N CULLIGAN
AUG - 3 2020

FILED

2020 JUL 31 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Klear Health System Inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

419 West 49 Street Suite 203
Hialeah Fl 33012

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Lupe Acela Garcia Olite (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Lupe Acela Garcia Olite
419 WEST 49 ST SUITE 203
HIALEAH FL 33012

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

LUPE ACELA GARCIA OLITE
419 WEST 49 ST SUITE 203
HIALEAH FL 33012

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 07/30/2020
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.

Incorporator 07/30/2020
Date

FILED
2020 JUL 31 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FL