Division of Corporations Electronic Filing Cover Sheet

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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

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

Email Address:__

FLORIDA PROFIT/NON PROFIT CORPORATION SALEI PRIMARY CARE INC

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

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Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

EIN: 85-3298739

ARTICLE 1 NAME: The name of the corporation is:		
Salei Primary Care INC		
ARTICLE II PRINCIPAL OFFICE;		
The principal street address and mailing address is: 600 Parkutew Drive Apt 402		
Hallandale Beach FL 33009		
ARTICLE HI SHARES: The number of shares of stock is: 100		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		
Inesa Salei (P)	2	
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	ICT I	1
	+	1 may
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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS.	<u>~</u>	
The name and Florida street address (PO Box not acceptable) of the registered agent is: NESA SALEI 600 PARKVIEW DRIVE APT402 HALLANDALE BEACH FL 3300)9	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: NESA SALEI 600 PARKVIEW DRIVE APT402 HALLANDALE BEACH FL 3300)9	

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

Thex. Julei 10/2020

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. - lucke Salt 10/10/2020

