P20000083116

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.

(((H20000369572 3)))

H20000369572 3ABC1

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

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

Email Address: _____

2020 OCT 23 AM 11:29

FLORIDA PROFIT/NON PROFIT CORPORATION
ALL CHOICE HEALTH CARE INC

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

10/26/20

Electronic Filing Menu Corporate Filing Menu Help

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

ARTICLE I NAME
The name of the corporation shall be: ALL CHOICE HEALTH CARE INC

ARTICLE II PRINCIPAL OFFICE
Principal street address

175 FONTAINEBLEAU BLVD Suite 1F
MIAMI, FL 33172

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALL CHOICE ENTERPRISE CORP/ P
Address: 175 FONTAINEBLEAU BLVD. Suite 1F
MIAMI, FL 33172

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

FILED
2020 OCT 23 AM 11:29

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: HERIBERTO RODRIGUEZ

Address: 175 FONTAINEBLEAU BLVD Suite 1F

MIAMI, FL 33172

ARTICLE VII INCORPORATOR

The **name and address** of the incorporator is:

Name: ALL CHOICE ENTERPRISE CORP

Address: 175 FONTAINEBLEAU BLVD Suite 1F

MIAMI, FL 33172

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

x _____

Required Signature/Registered Agent

10 - 21 - 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.

x _____

Required Signature/Incorporator

Date 10 - 21 - 2020

2020 OCT 23 AM 11:29

FILED