

P200000831/6

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
ALL CHOICE HEALTH CARE INC

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

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exc
10/26/20

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

ARTICLE I. NAMEThe name of the corporation shall be: ALL CHOICE HEALTH CARE INC**ARTICLE II. PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

175 FONTAINEBLEAU BLVD Suite 1FMIAMI, FL 33172**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/ PAddress: 175 FONTAINEBLEAU BLVD Suite 1FMIAMI, FL 33172

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

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Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

ARTICLE VI REGISTERED AGENTThe ~~name and Florida street address~~ (P.O. Box NOT acceptable) of the registered agent is:Name: HERIBERTO RODRIGUEZAddress: 175 FONTAINEBLEAU BLVD Suite 1F
MIAMI, FL 33172**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

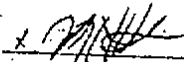
Name: ALL CHOICE ENTERPRISE CORPAddress: 175 FONTAINEBLEAU BLVD Suite 1F
MIAMI, FL 33172**ARTICLE VIII EFFECTIVE DATE:**

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

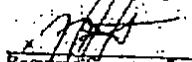


Required Signature/Registered Agent

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 by a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

Date

10-21-2020

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