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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
LOVE FAMILY HEALTH CENTER, Corp.

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

2020 OCT 27 PM 2:11

2020 OCT 27 PM 4:59

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Love Family Health Center, corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

313 Palm Ave. Hialeah, FL
33010**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Miriala Gutierrez (P.)Maria Cardella (VP)

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Miriala Gutierrez313 Palm Ave Hialeah FL
33010**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Miriala Gutierrez313 Palm Ave Hialeah FL
33010

Required Signatures:

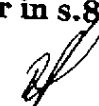
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent10/27/2020

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_____
Date