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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019

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:	
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FLORIDA PROFIT/NON PROFIT CORPORATION NEW BEGINNINGS HEALTHCARE, INC

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

CET 2 9 2020

T. SCOTT

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:		
New Beginnings Healthcare, Inc		
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is: 215 North federal Huy Suite 40 Boca Roton FL 33432.		
ARTICLE III SHARES: The number of shares of stock is: 100		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		
Kevin Cardentey Perez (P) 5	2020 OCT 28	
	CT 28	; -
	A	in D
	4 :8	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	t-	
The name and Florida street address (PO Box not acceptable) of the registered agent is: New Carden tey Percz 215 North federal Hwy Jute 40 Boxa Raton FL 33432		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: KEVIN CARDENTEY PEREZ		
215 NORTH FEDERAL HWY SUITEY	0	
BOCA RATON FL 33/43Z		

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 10/28/2020
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 10/28/2020