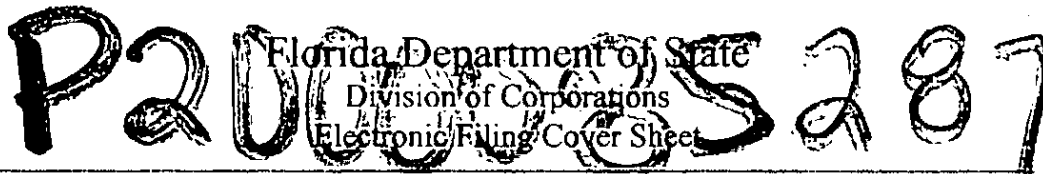


11/2/2020

Division of Corporations



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.

(((H20000380341 3)))



H200003803413ABCV

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : TAX 4 TRUCKS INC
Account Number : I20190000100
Phone : (305)764-3080
Fax Number : (305)675-6155

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

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**FLORIDA PROFIT/NON PROFIT CORPORATION
CORONADO MAXIMO HEALTH CARE INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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Corporate Filing Menu

Help

H20000380341 3**ARTICLES OF INCORPORATION**

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

ARTICLE I NAMEThe name of the corporation shall be: CORONADO MAXIMO HEALTH CARE INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
13595 SW 134TH AVE, SUITE 210
MIAMI, FL 33186Mailing address, if different is:
13595 SW 134TH AVE, SUITE 210
MIAMI, FL 33186**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: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JULIO GALVEZ JR.: PTName and Title: MELANIE GARCIA: VSAddress 13595 SW 134TH AVE, SUITE 210
MIAMI, FL 33186Address: 13595 SW 134TH AVE, SUITE 210
MIAMI, FL 33186

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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H20000380341 3

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: JULIO GALVEZ JR.Address: 13595 SW 134TH AVE. SUITE 210MIAMI, FL 33186**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: JULIO GALVEZ JR.Address: 13595 SW 134TH AVE. SUITE 210MIAMI, FL 33186

2020 NOV -2 PM 12:30

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

10/27/2020

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.

Required Signature/Incorporator

10/27/2020

Date

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