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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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FLORIDA PROFIT/NON PROFIT CORPORATION
GMH HEALTH SERVICES CORP.

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

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F I L E D

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

Effective Date 1/1/21

ARTICLE I NAME: The name of the corporation is:GMH Health Services, Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

16024 SW 65 Terr
Miami Florida 33193**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**GREYS MARTIN Hernandez
(P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

16024 SW 65 Terr
Miami, FL 33193
Greys Martin Hernandez**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Greys Martin Hernandez
16024 SW 65 Terr
Miami FL 33193

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F11-11

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

12/9/20
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

12/9/20
Date