

1/21/2021

PA1000003573

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
REFINE HEALTH INC**

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

Signature
1/21/21

2021-01-21 PM 4:50

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Corporate Filing Menu

Help

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

ARTICLE I NAMEThe name of the corporation shall be: REFINE HEALTH INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

2700 SW 27TH AVE # 4MIAMI, FL 33133**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: JANNETTE NIEVES (P)

Name and Title: _____

Address 8150 SW 72ND AVE

Address: _____

#1138MIAMI, FL 33143Name and Title: CHRISTINA BERMUDEZ (V/P)

Name and Title: _____

Address 8243 SW 144 CT

Address: _____

MIAMI, FL 33183

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JANNETTE NIEVES
Address: 2700 SW 27TH AVE # 4
MIAMI, FL 33133

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JANNETTE NIEVES
Address: 2700 SW 27TH AVE # 4
MIAMI, FL 33133

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

01-20-2021
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

01-20-2021
Date