Division of Corporations **Electronic Filing Cover Sheet**

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To:			<u>~3</u>	
	Division of Co	rporations	2021	
	Fax Number			-
From:				
	Account Name Account Number	: LAZARUS CORPORATE FILING SERVICE, INC.	22	
	Phone	: (305)552-5973	7	
	Fax Number	: (305)675-5944	- <u></u>	
			 51	
*Enter	the email address	s for this business entity to be used for future	(J	
		ngs. Enter only one email address please.**	ř	
	il Address:			

FLORIDA PROFIT/NON PROFIT CORPORATION HAPPY LONGEVITY CENTER, CORP.

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE	NAME:	The name of	the cor	rporation	is:
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	eet address and mailing address is:
675 NW7	ave Mians, Fl 33150.
<u> </u>	
•	number of shares of stock is:
ARTICLE IV INIT	LAL DIRECTORS AND/OR OFFICERS:
	Ubeda (P)
Miriala Gutierre	2 (VP)
RTICLE V INITIAL REC	GISTERED AGENT AND STREET ADDRES
-	ess (PO Box not acceptable) of the registered age
Mario Quinta	na Ubeda
675 NW 7	aus Hismi Fl 33150
•	
meet in the contract of the contract of	ATOR: The name and address of the Incorporato

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

01/15/2021 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.

Incorporator

Date