2/11/2021

P21000012890

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H21000058653 3)))

H21000058653ABCJ

2021 FEB 12 PM 4:40

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : DCM CONSULTING INC
Account Number : I20190000102
Phone : (305)491-9169
Fax Number : (305)397-2527

2021 FEB 12 PM 12:56

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
CORAL WEST HEALTH INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$70.00

2/15/21

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: CORAL WEST HEALTH INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

5625 SW 107 AVE SUITE B

MIAMI FL 33173

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

2021 FEB 12 PM 4:46

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alain Rossello /President

Address 5625 SW 107 Ave
SUITE B
MIAMI FL 33173

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

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: Alain Rossello

Address: 5625 SW 107 AVE SUITE B

Miami, FL 33173

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alain Rossello

Address: 5625 SW 107 Aves Suite B

Miami FL 33173

2021 FEB 12 PM 4:

TALLAHASSEE, FLORIDA

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

Alain Rossello

Required Signature/Registered Agent

2/11/2021

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.

Alain Rossello

Required Signature/Incorporator

Date 2/11/2021