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\*\*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 SUPERIOR MEDICAL SERVICES CORP

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

**FEB 1 6 2021** 

T. SCOTT

*;* 

## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:	
Superior Hedical Gervices Con	d\alpha
ARTICLE II PRINCIPAL OFFICE:	+
The principal street address and mailing address is:	
Hiami, FL 33155	
ARTICLE III SHARES: The number of shares of stock is: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICER 3:	
Francisco Hena Garcia (P)	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	
trancisco Mena Carcia	
6964 SW 47 St	200
Huami, FC 33155	I FEB
ARTICLE VI INCORPORATOR: The name and address of the Incorporator (2)	5 1
Francisco Mena Carcia	A [1]
6964 SW 47 st	9.0
Pliani FL 3315J	17

## 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 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.

hncorporator ZIZZ