

2/12/2021

Division of Corporations

P210000613573

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : BOOKKEEPING DONE RIGHT INC  
Account Number : I20200000064  
Phone : (786)566-7026  
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02/12/2021 10:28 AM

**FLORIDA PROFIT/NON PROFIT CORPORATION****C Aguiar Health Service Inc.**

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**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: C. Aguiar Health Service Inc.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address  
9297 SW 38<sup>th</sup> St Apt B  
Miami FL 33165Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_**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: Aguiar Perez, Claudia President Name and Title: \_\_\_\_\_Address 9297 SW 38<sup>th</sup> St. Apt B Address: \_\_\_\_\_  
Miami, FL 33165 \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Claudia Aguilar PerezAddress: 9297 SW 98<sup>th</sup> St. Apt BMiami FL 33165**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Claudia Aguilar PerezAddress: 9297 SW 98<sup>th</sup> St. Apt BMiami FL 33165**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 filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 designa certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*Claudia Aguilar Perez  
Required Signature/Registered Agent2.12.20  
Date*I submit this document and affirm that the facts stated herein are true. I am aware that the false information subn document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*Claudia Aguilar Perez  
Required Signature/Incorporator2.12.20  
Date