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Florida Department of State
Division of Corporations
Electronic Filings, Certificates

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To: Division of Corporations
Fax Number : (850) 617-6181

From: Account Name : CLARA GIRALDO ENROLLED AGENT
Account Number : 119990000017
Phone : (305) 485-9100
Fax Number : (305) 485-1098

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

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FLORIDA PROFIT/NON PROFIT CORPORATION ASSIST COMMUNITY HEALTH, CORP.

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DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

ARTICLES OF INCORPORATION

OF

ASSIST COMMUNITY HEALTH, CORP

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

ASSIST COMMUNITY HEALTH, CORP

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Said corporation shall further have powers:
To have perpetual succession by it's corporate

ASSIST COMMUNITY HEALTH, CORP

ARTICLE IV

The aggregate number of shares, which the corporation shall have authority to issue, is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation

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ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

**JULIO ODEY LOPEZ
7100 WEST 20 AVE SUITE 305
HIALEAH, FL. 33016**

The principal office shall be:

**7100 WEST 20 AVE SUITE 305
HIALEAH, FL. 33016**

ARTICLE VI

The initial Board of Directors shall consist of a total of ONE (01) person, and the name and address of the person who is to serve as initial director:

**JULIO ODEY LOPEZ
7100 WEST 20 AVE SUITE 305
HIALEAH, FL. 33016**

PRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is

**JULIO ODEY LOPEZ
7100 WEST 20 AVE SUITE 305
HIALEAH, FL. 33016**

IN WITNESS WHERE OF, the undersigned incorporator has (ve) executed these Articles of Incorporation this MARCH 8, 2021.


JULIO ODEY LOPEZ

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FILE

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

ASSIST COMMUNITY HEALTH, CORP

2. The Name and Address of the registered agent and office is:

**JULIO ODEY LOPEZ
7100 WEST 20 AVE SUITE 305
HIALEAH, FL. 33016**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Date: MARCH 08, 2021

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