

3/15/2021

Division of Corporations

P2100023757

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FLORIDA PROFIT/NON PROFIT CORPORATION
BARBARA HEALTH SERVICES, INC.

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

MAR 18 2021

T. SCOTT

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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: BARBARA HEALTH SERVICES INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
6895 W 2ND CT
HIALEAH, FL 33014

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:	BARBARA LOPEZ (P)	Name and Title:	
Address	6895 W 2ND CT	Address:	
	HIALEAH, FL 33014		
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	

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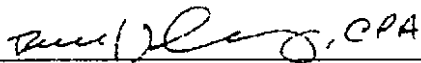
Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

_____**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: RENE VELAZQUEZAddress: 100 N BISCAYNE BLVD # 804MIAMI, FL 33132**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: BARBARA LOPEZAddress: 6895 W 2ND CTHALEAH, FL 33014**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:* CPA
Required Signature/Registered Agent03/12/2021

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.*Barbara Lopez
Barbara Lopez, 03/12/2021 13:24:48 GMT

Required Signature/Incorporator

Mar 12, 2021

Date