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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H21000110271 3)))

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To:
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From:
Account Name : TRAMILEX LLC
Account Number : I20150000086
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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.

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CORPORATIONS
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SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
ANAM HEALTH SERVICES INC

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

MAR 19 2021
T. SCOTT

Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: ANAM HEALTH CENTER INC
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

- ☒ $70.00 Filing Fee
- ☐ $78.75 Filing Fee & Certificate of Status
- ☐ $78.75 Filing Fee & Certified Copy
- ☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: DANIRIA CABALLERO
Name (Printed or typed)

6430 SW 159th PL
Address

MIAMI FL 33193
City, State & Zip

(786)378-0308
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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: ANAM HEALTH SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

6430 SW 159th PL

MIAMI FL 33193

Mailing address, if different is:

SAME ADRESS

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: DANIRIA CABALLERO. P

Address 6430 SW 159th PL

MIAMI FL 33193

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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TALLAHASSEE, FLORIDA

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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: DANIRIA CABALLERO

Address: 6430 SW 159th PL

MIAMI FL 33193

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: DANIRIA CABALLERO

Address: 6430 SW 159th PL

MIAMI FL 33193

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/18/2021 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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

_____ 03/18/2021

Required Signature/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.

_____ 03/18/2021

Required Signature/Incorporator Date

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