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Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet



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To:				in in	HAR
	Division of Co	rporations		<u>دې</u> -	26
	Fax Number			<u> </u>	9
From:				INC. PAIC	A
	Account Name	: LAZARUS CORPORATE FIL	ING SERVICE, 1	INC. ≘Ş	ي و
		: I20000000019		57	വ
	Phone Fax Number	: (305)552-5973 : (305)675-5944		•••	6
anr	nual report mail:	s for this business enti ings. Enter only one ema	il address ple	ase.**	
Ema	ail Address:				5 . s
J	FLORIDA PRO	OFIT/NON PROFIT C	CORPORATI	ION	2021 HAR 21
	HEY C	LINIC FOR HEALTE	H CORP	, <u>, , , , , , , , , , , , , , , , , , </u>	<u> </u>
	Certificate of	Status	0	र्ग्यास्ट्री राज्यस्य	
	Certified Cor	ру	1	\$3.50 \$1.00	
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MAR 2 9 2021

T. SCOTT

Estimated Charge

\$78.75

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

ARTICLE II	PRINCIPAL OFFICE;
	ldress and mailing address is:
950 SOUTH PINE ISLAND ROAD PL	
A DISTON TO VIV	
ARTICLE III SHARES: The numb	er of shares of stock is: <u>250,00()</u>
ARTICLE IV INITIAL D	URECTORS AND/OR OFFICERS:
ELVIA NOA VILLAZON (D)	
	2.
	文 (2)
	ERR 22
	RED AGENT AND STREET ADDRESS:
	Box not acceptable) of the registered agent is:
ELVIA NOA VILLAZON	
950 SQUTH PINE ISLAND ROAD PLANT	FATION FL 33324
<u> </u>	
ARTICLE VI INCORPORATOR:	The name and address of the Incorporator is:
LVIA <u>NOA VILLAZON</u>	

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 3/23/2021
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.

Incorporator Date