

**P21 000029044**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
RAINBOW OF HOPE HEALTH SERVICES CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME:** The name of the corporation is:Rainbow of hope Health Services Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

4133 NW 200TH STMiami Gardens FL 33055**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Maria Victoria Fuentes Batan P**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not-acceptable) of the registered agent is:

Maria V. Fuentes Batan4133 NW 200 ST MiamiGardens FL 33055**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Maria Victoria Fuentes Batan4133 NW 200 ST MiamiGardens FL 33055

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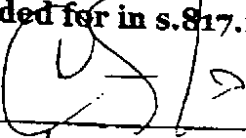
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**Required Signatures:**

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\_\_\_\_\_  
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

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