

P21000036164

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**SUNSHINE HEART HEALTH CARE INC**

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:SUNSHINE HEART HEALTH CARE  
INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

10240 SW 56 STSUITE 112DMIAMI FL 33165**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**MAYLE CALVATAR (P)10240 SW 56 STSUITE 112DMIAMI FL 33165**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

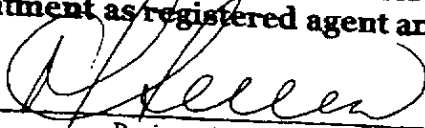
The name and Florida street address (PO Box not acceptable) of the registered agent is:

10240 SW 56 STSUITE 112DMIAMI FL 33165MAYLE CALVATAR**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:MAYLE CALVATAR10240 SW 56 ST SUITE 112DMIAMI FL 33165

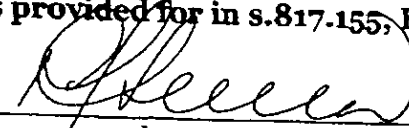
2021 APR 22 PM 12:11

**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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