

Division of Corporations

4/30/2021

P21000038776
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ACCOUNTING REVENUE SERVICE, INC.
Account Number : I20110000041
Phone : (305)887-8730
Fax Number : (305)887-8744

2021 APR 30 AM 10:20

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
TANAI SY HEALTH CARE INC**

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

2021 APR 30 PM 4:01

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: TANAISY HEALTH CARE INC**ARTICLE II PRINCIPAL OFFICE**Principal street address439 SE 2ND STHIALEAH, FL 33010

Mailing address, if different is:

SAME AS PRINCIPAL ADDRESS**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 SHARES AT \$1.00 PAR VALUE**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: TANAISY ARAUJO CHAVEZ/ P

Name and Title: _____

Address 439 SE 2ND ST

Address: _____

HIALEAH, FL 33010

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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FILED - HIALEAH, FL
CLERK OF CIRCUIT COURT

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Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: TANAISY ARAUJO CHAVEZ
Address: 439 SE 2ND ST
HIALEAH, FL 33010

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: TANAISY ARAUJO CHAVEZ
Address: 439 SE 2ND ST
HIALEAH, FL 33010

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

Required Signature/Registered Agent 4/30/2021
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.

Required Signature/Incorporator 4/30/2021
Date

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