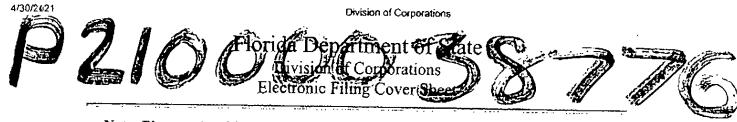
Division of Corporations



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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

\*\*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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## FLORIDA PROFIT/NON PROFIT CORPORATION TANAISY HEALTH CARE INC

Certificate of Status	0
Certified Copy	1
Page Count	03
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## (((H21000174967 3)))

## 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:	TANAISY HEALTH	CARE INC		
ARTICLE II PRINCIPAL OFFICE Principal street address 439 SE 2ND ST HIALEAH, FL 33010		SAME A	Mailing address, if different is: SAME AS PRINCIPAL ADDRESS	
ARTICLE III PURPOSE The purpose for which the corporation	on is organized is: ANY A	ND ALL LAW	FUL BUSINESS	
ARTICLE IV SHARES				20)1 APR
The number of shares of stock is: 100  ARTICLE V INITIAL OFFICER  Name and Title: TANAISY A	S AND/OR DIRECTORS	PAR VALUE  Name and Titl		R 30 AM 10:
Address 439 SE 2	MD ST	Address:	e:	<del></del>
Name and Title:Address			e:	
			:	

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Name and Title:		Name and Title:		
Address		3 44		
		,		
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable)	of the registered agent is:		
Name:	TANAISY ARAUJO CHAVEZ	_		
Address:	439 SE 2ND ST		202	
	HIALEAH, FL 33010	_	2021 APR	
ARTICLE VII	INCORPORATOR		30	
The name and ac	idress of the Incorporator is:		3	
Name:	TANAISY ARAUJO CHAVEZ	<del>-</del> -	AM IO: 20	
Address:	439 SE 2ND ST		ر الم	
	HIALEAH, FL 33010	<u>_</u>		
Effective date, if	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and cann	. (OPTIONAL) not be more than five days pri	ior or 90 days after the	
Note: If the date the document's ef	inserted in this block does not meet the applicabl fective date on the Department of State's records	e statutory filing requirements,	this date will not be listed as	
Having been nam. certificate, I am fa	ed as registered agent to accept service of process miliar with and accept the appointment as registe	for the above stated corporation tred agent and agree to act in th	at the place designated in this is capacity	
	- Dais		4/30/2021	
	Required Signature/Registered Agent	<del></del>	Date	
I Submit this docu document to the D	iment and affirm that the facts stated herein are epartment of State constitutes a third degree felor	true. I am aware that the fals ty as provided for in s.817.155,	se information submitted in a F.S.	
Required States	-1		4/30/2021	
vedoned 918ustitu	e/Incorporator	Date		