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:
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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

VP PRIORITY CARE SERVICES, INC.

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

Electronic Filing Menu   Corporate Filing Menu   Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I   NAME: The name of the corporation is:

VP Priority Care Services, Inc.

ARTICLE II   PRINCIPAL OFFICE:

The principal street address and mailing address is:

8140 College Parkway 1st Floor Unit 104-2
Fort Myers, FL 33919

ARTICLE III   SHARES: The number of shares of stock is: _100_ .

ARTICLE IV   INITIAL DIRECTORS AND/OR OFFICERS:

Victor Perez Gonzalez / President.

ARTICLE V   INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Victor Gonzalez Perez
8180 College Parkway 1st Floor unit 104-2
Fort Myers, FL 33919

ARTICLE VI   INCORPORATOR: The name and address of the Incorporator is:

Victor Gonzalez Perez
8140 College Parkway 1st Floor Unit 104-2
Fort Myers, FL 33919

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

_____   _5/4/21_
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.

_____   _5/4/21_,
Incorporator   Date