

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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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
MEDICAL ANGEL HOME HEALTH SERVICES, INC**

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

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21 MAY 28 PM 4:02

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ALLAHASSEE, FLORIDA

2021 MAY 28 AM 11:04

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SB
6/1/21

ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:Medical Angel Home Health Services, Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

739 Se 9 PlaceHialeah FL 33010**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Liliet Angela Leyva Gijon (P)Rommel Gavarrete (VP)SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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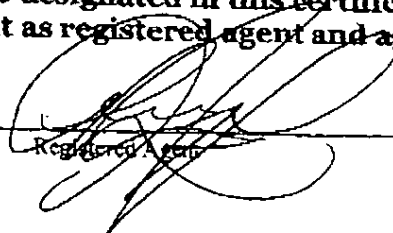
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Liliet Angela Leyva Gijon739 Se 9 PlaceHialeah FL 33010**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Liliet Angela Leyva Gijon739 Se 9 PlaceHialeah FL 33010

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**FILED**

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TALLAHASSEE, FLORIDA