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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION PROXIMUS HEALTH CASE MANAGER, INC

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

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21 JUN 11 PM 6:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 JUN 11 PM 4:08

SB
6/14/21

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

ARTICLE I NAMEThe name of the corporation shall be: PROXIMUS HEALTH CASE MANAGER, INC**ARTICLE II PRINCIPAL OFFICE**Principal street address5220 NW 2ND TERRACEMIAMI, FL 33126

Mailing address, if different is:

5220 NW 2ND TERRACEMIAMI, FL 33126**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**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ADRIANA E. HERNANDEZ ANZOLA

Name and Title: _____

Address PRESIDENT

Address: _____

5220 NW 2ND TERRACEMIAMI, FL 33126

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ADRIANA E. HERNANDEZ ANZOLA
Address: 5220 NW 2ND TERRACE
MIAMI, FL 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ADRIANA E. HERNANDEZ ANZOLA
Address: 5220 NW 2ND TERRACE
MIAMI, FL 33126

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/11/2021 (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

Adriana Hernandez
Required Signature/Registered Agent

06/11/2021
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.

Adriana Hernandez
Required Signature/Incorporator

06/11/2021
Date

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