

7/19/2021

P21000065981
Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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.

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FLORIDA PROFIT/NON PROFIT CORPORATION
FBM HEALTH SOLUTIONS CORP

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

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Electronic Filing Menu

Corporate Filing Menu

Help

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: FBM HEALTH SOLUTIONS CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9720 NW 6TH LANE

MIAMI, FL 33172

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: MONICA FERNANDEZ BRAVO (P) Name and Title: _____

Address 9720 NW 6TH LANE Address: _____

MIAMI, FL 33172 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CLERK OF DISTRICT COURT
MIAMI, FLORIDA

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: MONICA FERNANDEZ BRAVO
 Address: 9720 NW 6TH LANE
MIAMI, FL 33172

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 CLERK OF THE CIRCUIT COURT
 IN AND FOR THE COUNTY OF MIAMI
 FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MONICA FERNANDEZ BRAVO
 Address: 9720 NW 6TH LANE
MIAMI, FL 33172

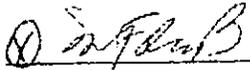
ARTICLE VIII EFFECTIVE DATE:

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.)

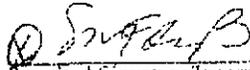
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

07/16/2021
 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

07/16/2021
 Date