

D 21 0000 70909

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000290816 3)))



H210002908163ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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
DYSA Healthcare Corp.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu Corporate Filing Menu Help

21000070909 AM 9:07

2021-09-05 PM 12:43

ARTICLES OF INCORPORATION (((H21000290816 3)))
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be DYSA Healthcare Corp.

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
7280 SW 89th St, Unit D601
Miami, FL 33156

ARTICLE III PURPOSE
The purpose for which the corporation is organized is. Services - Installation, maintenance, and user training of medical equipment and devices

ARTICLE IV SHARES
The number of shares of stock is: 1000000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Ricardo Hellmers Llano, Director, P</u>	Name and Title:	<u>Ever Zalazar, Secretary, CFO/Treasurer</u>
Address	<u>7280 SW 89th St, Unit D601</u> <u>Miami, FL 33156</u>	Address:	<u>7280 SW 89th St, Unit D601</u> <u>Miami, FL 33156</u>

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

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

(((H21000290816 3)))

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: Ever Zalazar
 Address: 7280 SW 89th St, Unit D601
Miami, FL 33156

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is.

Name: Ever Zalazar
 Address: 7280 SW 89th St, Unit D601
Miami, FL 33156

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


 Ever Zalazar Required Signature/Registered Agent _____ Date 07/30/2021

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 _____

 Ever Zalazar _____ Date 07/30/2021

(((H21000290816 3)))

((H21000290816 3))

FL Acknowledgement Notary Certificate

Document Name: Dysa healthcare Corp. Formation

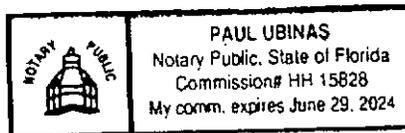
STATE OF FLORIDA
COUNTY OF Miami Dade
(County where notarization occurred)

On 7/29/2021 (date), before me, Paul Ubinas (Notary name), a notary public, personally appeared by physical presence, Ever Zalazar, Ricardo Hellmecs Llano (name(s) of signer(s)) who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the attached Dysa Healthcare Corp. Formation (name of document) instrument and acknowledged to me that that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or entity upon behalf of which the person(s) acted executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State listed above that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Personally known OR
Produced identification Type of identification produced: Paraguay Passport

[Handwritten Signature]
(Signature of notary public)

My commission expires: 06/29/2024



Official Seal

((H21000290816 3))

(((H21000290816 3)))

DIVISION OF CORPORATIONS

The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: DYSA Healthcare Corp. Formation

We, Ever Zalazar and Ricardo Hellmers Llano, the owner of **DYSA Healthcare LLC** informing the good office that the LLC previously formed and is no longer in use, thus we filed for its dissolution. We have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Further, we request the good office, to approve our Corporation Registration application to the State's Division of Corporation and allowing us to use the name **DYSA Healthcare Corp.**

Hoping for your immediate action and approval in this matter.

Yours very truly,



Ever Zalazar
Managing Member

Date:



Ricardo Hellmers Llano
Managing Member

Date:

(((H21000290816 3)))