

PA21000090353

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

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SECTION OF STATE
TALLAHASSEE, FL

2021 OCT 18 AM 8:33

10

FLORIDA PROFIT/NON PROFIT CORPORATION
CR SALUD FARMA, CORP

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

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: CR SALUD FARMA, CORP

ARTICLE II PRINCIPAL OFFICEPrincipal street address

7427 NW 107 PATH

Mailing address, if different is:

7427 NW 107 PATH

DORAL, FL 33166

DORAL, FL 33166

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: P: JAIRO GOTERA

Address

7427 NW 107 PATH

DORAL, FL 33166

Name and Title: VP: ESPEIRANZA GOTERA

Address:

7427 NW 107 PATH

DORAL, FL 33166

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JAIRO GOTERA
 Address: 7427 NW 107 PATH
 DORAL, FL 33166

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: JAIRO GOTERA
 Address: 7427 NW 107 PATH
 DORAL, FL 33166

ARTICLE VIII EFFECTIVE DATE: 10/14/2021

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*

X Jairo Gotera
 Required Signature/Registered Agent

10/14/2021

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.

X Jairo Gotera
 Required Signature/Incorporator

10/14/2021

Date

2021 OCT 18 AM 8:33
 DEPT. OF STATE
 CORP. REG. DIV.
 TALLAHASSEE, FL 32399-0001

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