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Division of Corporations
Florida Department of State
Electronic Filing Cover Sheet

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

From: Account Name : THE TAX GROUP INC
Account Number : I20180000051
Phone : (305)223-4648
Fax Number : (786)361-1360

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
PJK HEALTH INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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PJK HEALTH INC

ATX1

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: PJK HEALTH INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
9221 BROAD MANOR RD
Miami, FL 33147

Mailing address, if different is:
9221 BROAD MANOR RD
Miami, FL 33147

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY BUSINESS PERMITTED BY LAW

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PERLA MACIEL BATISTA, PRESIDENT Name and Title: _____

Address: 9221 BROAD MANOR RD Address: _____

MIAMI, FL 33147 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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PJK HEALTH INC

ATX1

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: PERLA MACIEL BATISTA
 Address: 9221 BROAD MANOR RD
MIAMI, FL 33147

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PERLA MACIEL BATISTA
 Address: 9221 BROAD MANOR RD
MIAMI, FL 33147

2021 NOV 22 11:06:32

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/19/2021 (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

[Signature]
 Required Signature/Registered Agent

11/19/2021
 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.

[Signature]
 Required Signature/Incorporator

11/19/2021
 Date

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