Electronic Articles of Incorporation For

P21000101165 FILED November 16, 2021 Sec. Of State dlokeefe

NUEZRA HEALTH SERVICES INC

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

NUEZRA HEALTH SERVICES INC

Article II

The principal place of business address:

80 SW 91ST AVE APT 308 PLANTATION, FL. US 33324

The mailing address of the corporation is:

80 SW 91ST AVE APT 308 PLANTATION, FL. UN 33324

Article III

The purpose for which this corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is: 10000

Article V

The name and Florida street address of the registered agent is:

EZRA WARRINGTON 80 SW 91ST AVE APT 308 PLANTATION, FL. 33324

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: EZRA WARRINGTON-BAION

Article VI

The name and address of the incorporator is:

EZRA J WARRINGTON-BAION 80 SW 91ST AVE APT 308 PLANTATION P21000101165 FILED November 16, 2021 Sec. Of State dlokeefe

Electronic Signature of Incorporator: EZRA WARRINGTON-BAION

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P EZRA WARRINGTON 80 SW 91ST AVE PLANTATION, FL. 33324 UN

Title: VP PATRICK WILLIAMS 8010 HAMPTON BLVD NORTH LAUDERDALE, FL. 33068

Article VIII

The effective date for this corporation shall be:

11/10/2021



STATE OF FLORIDA COUNTY OF BROWARD COUNTY

The undersigned, EZRA J WARRINGTON-BAION, being first duly sworn, do hereby state under oath and under penalty of perjury that the following facts are true:

- 1. I am over the age of 18 and am a resident of the State of Florida. I have personal knowledge of the facts herein, and, if called as a witness, could testify completely thereto.
- 2. I suffer no legal disabilities and have personal knowledge of the facts set forth below.
- 3. I am the President and Owner of Nuezra Health Services Inc. I have no intention of revoking the dissolution of the "Not for Profit" Entity. Therefore the business name "Nuezra Health Services Inc" can be released for the use of the New Entity as a "For Profit"

Document Number W21000147472 Tracking Number:200376419722

New Entity Name: Nuezra Health Services Inc (For Profit)

Old Dissolved Entity Name: Nuezra Health Services Inc (Not for Profit)

I declare that, to the best of my knowledge and belief, the information herein is true, correct, and complete.

Executed this 16th day of November, 20 21.

CEZRA J WARRINGTON-BAION

NOTARY ACKNOWLEDGMENT

STATE OF FLORIDA, COUNTY OF BROWARD COUNTY, ss:

The foregoing Affidavit was acknowledged be	efore me, by means of physical presence or \square
online notarization, this 16th day of	y ,2021 by EZRA J
WARRINGTON-BAION, who is personally	known to me or who has produced
as id	entification, and being first duly sworn on oath
according to law, deposes and says that he/she	e has read the foregoing Affidavit subscribed by
him/her, and that the matters stated herein are	true to the best of his/her information, knowledge
and belief. YURI VIVOS ONMISS GG 90889 EOPIRES Nov. 11, 2023 State	Signature of person taking acknowledgment Vari Valdes Name typed, printed, or stamped Notary Title or rank
	Serial number (if applicable)



STATE OF FLORIDA COUNTY OF BROWARD COUNTY

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The foregoing Affidavit was acknowledged bef	fore me, by means of physical presence or
online notarization, this 16th day of 100	√,20≥1 by EZRA J
WARRINGTON-BAION, who is personally	known to me or who has produced
as ide	entification, and being first duly sworn on oath
according to law, deposes and says that he/she	has read the foregoing Affidavit subscribed by
him/her, and that the matters stated herein are t	rue to the best of his/her information, knowledge
and belief.	_
OMMISS GG 908994 EXPIRES	Walelis
	Signature of person taking acknowledgment
C. State Office	Yuri Valdes
"Annaute"	Name typed, printed, or stamped
	Notary
	Title or rank
	Serial number (if applicable)