

P22000004769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

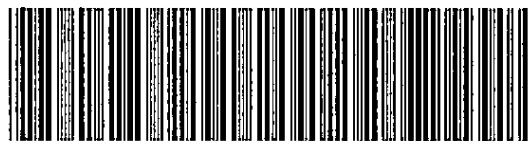
(Business Entity Name)

(Document Number)

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January 5, 2022

To Whom It May Concern:

**REF: KESHIALIZA HEALTH SERVICES CORPORATION**

My name is Rodline Charleston, I am the President of **Keshializa Health Services Corporation**.

At this time I don't want to reinstate this company

Please open the company again using the same name.

Thank you in advance.

A handwritten signature in black ink, appearing to read "Rodline Charleston". The signature is stylized with a large initial "R" and a cursive "C" at the end.

Rodline Charleston

Keshializa Health Services Corporation

President

**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: KESIIHALIZA HEALTH SERVICES CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

259 GAZETTA WAY

SAME

WEST PALM BEACH, FL. 33413

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: RODLINE CHARLESTON (P)

Name and Title: \_\_\_\_\_

Address

259 GAZETTA WAY

Address: \_\_\_\_\_

WEST PALM BEACH, FL. 33413

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

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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: RODLINE CHARLESTON  
Address: 259 GAZETTA WAY  
WEST PALM BEACH, FL. 33413

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: RODLINE CHARLESTON  
Address: 259 GAZETTA WAY  
WEST PALM BEACH, FL. 33413

**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*

*[Signature]*  
Required Signature/Registered Agent

*[Signature]* 01/06/2022  
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

*[Signature]* 01/06/2022  
Date

FILED 2022 JAN 14 AM 8:27