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.

(((H220001023183)))



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To:		338 9 A V	<b>∞</b>
	Division of Corporations	77	<b>P</b>
	Fax Number : (850)617-6381	[0] [2]	==
From:	·	TATE ORIO	ယ
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	1-	2
	Account Number : I20000000019		
	Phone : (305)552-5973		
	Fax Number : (305)675-5944		
	the email address for this business entity to be used for		

## FLORIDA PROFIT/NON PROFIT CORPORATION VIDA HEALTHCARE NETWORKS CORP

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

#1

## ARTICLES OF INCORPORATION In compliance with Chapter 507 (Profit)

ARTICLE 1 NAME: The name of the corporation is:
Vida Health Case NETWORKS com
· ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
Homestead Pa 33032
ARTICLE III SHARES: The number of shares of stock is:
* ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Proberto Rodribuez (1) AND
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32
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
DOBERTO PODRÍGUES
-23736 SW 11/CT
Homesterd PZ 33032
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
ROBERTO BODRI GUEZ
23736 SW /// CT
Homesteal FL 33092.

## Required Signatures:

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

Registered Agent 3/1-1/2022
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.

Incorporator

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