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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:	
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## FLORIDA PROFIT/NON PROFIT CORPORATION AP HEALTH CORP.

 Certificate of Status
 0

 Certified Copy
 1

 Page Count
 03

 Estimated Charge
 \$78.75

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Corporate Filing Menu

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE 1** NAME: The name of the corporation is:

AP HEALTH CORP.	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is	:
1313 Neep 65 1 Apt 6.	
Afreni Fl 33/23	
TICLE III SHARES: The number of shares of stock is:	100
ARTICLE IV INITIAL DIRECTORS AND/OR OF	FICERS:
ania PEREZ TRUJILO	<u></u>
	 حور
	<u> </u>
	<del></del>
	. :
ARTICLE V INITIAL REGISTERED AGENT AND STR	EET ADDRES
The name and Florida street address (PO Box not acceptable) of the	e registered age
ania Perez Trujillo	
The state of the s	
Miami F1 33125	
	. Cab - Toursmorest
1 11	ון לווף ווויטוטטימי
ARTICLE VI INCORPORATOR: The name and address	•
onia Perez Truillo	
ARTICLE VI INCORPORATOR: The name and address of the name address of the n	

## 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 familian with and accept the appointment as registered agent and agree to act in this capacity

Registered Agent

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 8.817.155, F.S.

Incorporator

Date

02278 18 23