

P22000031242

Florida Department of State
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.

((H22000149498 3)))



H220001494983ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

22 APR 26 PM 9:10

FILED

****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
JGO MANAGEMENT HEALTH CORPORATION**

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

S. GHATHAM
APR 27 2022

RECEIVED

2022 APR 26 AM 8:10

FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

- **ARTICLE I NAME:** The name of the corporation is:

JGU Management Health Corporation

- **ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

18052 SW 152 ND CT Miami FL 33187

ARTICLE III SHARES: The number of shares of stock is: 100

- **ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

JOSE Gonzalo Useche Monsalve (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Jose Gonzalo Useche Monsalve
18052 S.W. 152 CT
MIAMI FL 33187

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

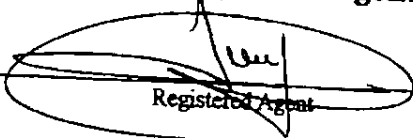
JOSE Gonzalo Useche Monsalve
18052 S.W. 152 CT.
MIAMI FL 33187

22 APR 26 PM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED


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 _____ 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 _____ Date _____

FILED
22 APR 26 PM 9:10
SECRETARY OF STATE
TALLAHASSEE, FL 32399