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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:	 		

## FLORIDA PROFIT/NON PROFIT CORPORATION ARA HEALTH SERVICES INC

Certificate of Status	0	
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## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

· · · · · · · · · · · · · · · · · · ·	ANA REALIM	SERVICES INC	
	ARTICLE II P	RINCIPAL OFFICE:	
·	The principal street add	ress and mailing address is:	
	1821 SW 107 A		
	,	33165	<del></del>
			<del></del>
			<del></del>
ARTICLE III	SHARES: The number	of shares of stock is: 100	
ARTIC	LE IV INITIAL DI	RECTORS AND/OR OFFI	CERS:
·		TEJO - PRES	
			,
			•
		-	
ARTICLE V	INITIAL REGISTER	ED AGENT AND STREET	ADDRESS:
The name and Fl	orida street address (PO B	lox not acceptable) of the reg	istered agent is
<del></del>	MADELYN MO	ONTEJO	<u> </u>
	1821 SW 107 AVE	NUM 2006	·
<del>~~~</del>	MIAMI, FL 3	33165	
	·		
ARTICLE VI	INCORPORATOR: TI	he name and address of the I	necrporator is:
<del> </del>	MADELYN M	ONTEJO	·
<del></del>	1821 SW 107 AV	E NUM 2006	<u> </u>
<u> </u>	MIAMI, FL 33	1165	

## Required Signatures:

3052201440

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

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

05/11/2022

Date