

Pa2000036388

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.

((H22000174208 3)))



H220001742083ABC

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 : FASTKIT CORP  
Account Number : 120100000009  
Phone : (305)599-0839  
Fax Number : (305)592-9591

9/17/22

\*\*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  
OPTIMAL HEALTH CARE CENTER CORP

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

RECEIVED  
2022 MAY 16 PM 3:40  
CORPORATIONS  
COMMERCIAL  
SERVICES

2022 MAY 16 PM 10:24

**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: OPTIMAL HEALTH CARE CENTER CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

12485 SW 137 AVE Suite 112 Miami FL 33186

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and All Law-full Business

**ARTICLE IV SHARES**

The number of shares of stock is: 100 Shares at \$1.00 per Value

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

Name and Title: Oswaldo Ferrer President

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

Address 12485 sw 137 ave Miami FL 33186

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

suite 112

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

2022 MAY 16 AM 10:24

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: Oswaldo Ferrer  
Address: 12485 sw 137 ave Suite 112  
Miami FL 33186

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Oswaldo Ferrer  
Address: 12485 SW 137 ave Suite 112  
Miami FL 33186

**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.*

Oswaldo Ferrer  
Required Signature/Registered Agent

05-13-2022  
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.*

Oswaldo Ferrer  
Required Signature/Incorporator

05-13-2022  
Date

2022 MAY 16 AM 10:24