

P22000047538

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations

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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
LAS VILLAS HEALTH CARE INC.**

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

RECEIVED

2022 JUN 13 PM 3:30

DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

2022 JUN 13 PM 1:56

25

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: LAS VILLAS HEALTH CARE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7245 SW 57th CT.

SOUTH MIAMI, FL 33143

Mailing address, if different is:

7245 SW 57th CT.

SOUTH MIAMI, FL 33143

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 100 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALBERTO LUIS NUNEZ PINA - P

Name and Title: _____

Address 7245 SW 57th CT.

Address: _____

SOUTH MIAMI, FL 33143

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2022 JUN 13 PM 1:56
VALLEJO, CALIF.

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: ALBERTO LUIS NUNEZ PINA
 Address: 7245 SW 57th CT.
SOUTH MIAMI, FL 33143

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALBERTO LUIS NUNEZ PINA
 Address: 7245 SW 57th CT.
SOUTH MIAMI, FL 33143

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

ALB
 ALBERTO MUNIZ (Jun 13, 2022 14:58 EDT)

Required Signature/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.

ALB
 ALBERTO MUNIZ (Jun 13, 2022 14:58 EDT)

Required Signature/Incorporator

 Date

2022 JUN 13 PM 1:06
 MAIL ROOM
 FL