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.

(((H22000220952 3)))



H220002209523ABCY

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

\sim	•
u	

Division of Corporations

Fax Number : (850)617-6381

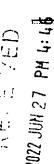
From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Ema11	Address:		



FLORIDA PROFIT/NON PROFIT CORPORATION PROFESSIONAL HEALTH SOLUTIONS INC

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

Electronic Filing Menu

Corporate Filing Menu



ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

	Æ	RTICLE	II PRIN	CIPAL OFFICE:		
	The p	rincipal st	reet address	and mailing addre	ess is:	
	opal 6	pables	, F/ 3		167	2022
RTICLE	<u>III SHA</u>	RES: The	number of s	hares of stock is:	100	- <u>- </u>
AI	CTICLE IV	INIT	IAL DIREC	TORS AND/OR	OFFICERS:	27 A
·\/c	rise	Rodi	ziquez	Capic	(P)	- 1
			0			
					·	
		 -			···	
						
						
ARTICL	FV INT	TAL DEC	LISTEDED	ACENT AND C		eroo.
				AGENT AND ST		
		reet addre	ss (PO Box i	not acceptable) of	the registered :	
ne name a	and Florida st	reet addre	ss (PO Box :	not acceptable) of 7 Caru	the registered :	
ne name a	nd Florida st A RISE O W F	reet addre Roc Tagles	ess (PO Box : Rique	not acceptable) of 7 Carch	the registered :	
ne name a	and Florida st	reet addre Roc Tagles	ess (PO Box : Rique	not acceptable) of 7 Carch	the registered :	
480 C	and Florida st ARISEL OWF ORAL G	Rocalles ORPORA	ess (PO Box i	not acceptable) of $7 - Card$ $10 - 212$ 33134 hame and address	the registered :	agent is:

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

, Olegacia 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

Date