## Division of Corporations

**Electronic Filing Cover Sheet** 

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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

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## FLORIDA PROFIT/NON PROFIT CORPORATION MISE HEALTH CORP

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

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MISE:	HEAL	_ I H	CORE

ARTICLE II	PRINCIPAL	OFFICE:

ARTICLE II PRINCIPAL OFFICE;
The principal street address and mailing address is:
23259 SW 113TH CT
HOMEASTED, FL 33032
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
PRESIDENT MENICE LORENZO
23259 SW 113TH CT HOMEASTED, FL 33032
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
YENICE LORENZO
23259 SW 113TH CT HOMEASTED, FL 33032
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
YENICE LORENZO
23259 SW 113TH CT HOMEASTED, FL 33032

## 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

Acgistered Agent Pate 722

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

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