

8/17/22, 3:05 PM

Division of Corporations

**P22000024372**

Florida Department of State  
Division of Corporations  
1901 E. Hall Street

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To:

Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
QUALITY HEALING CARE INC**

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

2022 AUG 17 PM 4:46

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

22 AUG 17 PM 12:30

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**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: QUALITY HEALING CARE INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

900 W 49 ST STE: 5059423 FONTAINEBLEAU BLVD # 108HIALEAH, FL 33012MIAMI, FL 33172**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: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: RAUDEL RIVERA (P)

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

Address 900 W 49 ST

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

STE: 505HIALEAH, FL 33012

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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22 AUG 17 PM 12:30  
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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: RAUDEL RIVERA  
 Address: 900 W 49 ST STE: 505  
HIALEAH, FL 33012

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RAUDEL RIVERA  
 Address: 900 W 49 ST STE: 505  
HIALEAH, FL 33012

**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*

\_\_\_\_\_  
 Required Signature/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.*

\_\_\_\_\_  
 Required Signature/Incorporator

Date

08/17/22  
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