

# P220000069108

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
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Account Name : RASI  
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## FLORIDA PROFIT/NON PROFIT CORPORATION

### Passive Workforce Inc

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2022 SEP -8 PM 12:16

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2022 SEP -8 AM 11:03

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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: Passive Workforce Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1960 NE 47th Street

1960 NE 47th Street

Fort Lauderdale, FL 33308

Fort Lauderdale, FL 33308

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Consulting services for healthcare business operators

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Karl Pierre, Director

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

Address 1420 NE 26th Ave

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

Fort Lauderdale, FL 33304

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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To:

Page: 4 of 4

2022-09-09 05:17:49 +14

Lexitas

From: Carol Panchana

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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: Karl Pierre  
Address: 1420 NE 26th Ave  
Fort Lauderdale, FL 33304

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Karl Pierre  
Address: 1420 NE 26th Ave  
Fort Lauderdale, FL 33304

**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*

DocuSigned by: Karl Pierre 9/8/2022  
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.*

DocuSigned by:

9/8/2022