

P23000008231

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : Vcorp SERVICES, LLC  
Account Number : 120080000067  
Phone : (845)425-0077  
Fax Number : (845)818-3588

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

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

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**428 Health Corp**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

2023 FEB -1 PM 3:15  
FLORIDA  
DIVISION OF CORPORATIONS

**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: 428 Health Corp**ARTICLE II PRINCIPAL OFFICE**Principal street address  
601 Sheridan Street, Hollywood, FL 33021

Mailing address, if different is:

350 NE 191st Street, Miami, FL 3317**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: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Jacob Schwartz, Officer/Director

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

Address 350 NE 191st Street, Miami, FL 33179

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

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

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

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

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

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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: Jacob Schwartz  
Address: 350 NE 191st Street Miami, FL 33179  
\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jacob Schwartz  
Address: 350 NE 191st Street, Miami, FL 33179  
\_\_\_\_\_

**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*

Jacob Schwartz 1/30/23  
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.*

Jacob Schwartz 1/30/23  
Required Signature/Incorporator Date

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
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