

3/3/23, 2:36 PM

Division of Corporations

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
BIOHOME SERVICES, INC.

Certificate of Status	0
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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: BIOHOME SERVICES, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address
80 SW 8TH STREET, SUITE 2000

Mailing address, if different is:

SAMEMIAMI, FL 33130**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

GENERAL PURPOSE**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: OSMAN R. DELGADO

Name and Title: _____

Address: 80 SW 8TH STREET

Address: _____

SUITE 2000MIAMI, FL 33130

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: OSMAN R. DELGADOAddress: 80 SW 8TH STREET STE 2000MIAMI, FL 33130**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: OSMAN R. DELGADOAddress: 80 SW 8TH STREET SUITE 2000MIAMI, FL 33130**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

03-02-2023

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.*_____
Required Signature/Incorporator

03-02-2023

Date