

**p 23000019265**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
YAREM HEALTH SERVICES INC**

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

FILED  
2023 MAR 13 AM 12:31  
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

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*[Handwritten signature]*

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

Yarem Health Services Inc

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2150 N 67 Ave, Hollywood, FL 33024

**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Yennis de la Caridad Baster Lahera

(President)

CLERK OF STATE  
TALLAHASSEE, FL

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**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Yennis de la Caridad Baster Lahera

2150 N 67 Ave, Hollywood, FL 33024

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Yennis de la Caridad Baster Lahera

2150 N 67 Ave, Hollywood, FL 33024

**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

Yennis de la Caridad Baster Lahera  
Registered Agent

03/13/2023

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.

Yennis de la Caridad Baster Lahera  
Incorporator

03/13/2023

Date

DEPARTMENT OF STATE  
TALLAHASSEE, FL

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