Division of Corporations

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

From:
Account Name : XOTCHILTH VALDIVIA
Account Number : I20220000026
Phone : (305)332-1478
Fax Number : (305)456-4563

2023 MAY -3 PM 2:13

RECEIVED

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
JOV HEALTH CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$70.00

Electronic Filing Menu Corporate Filing Menu Help

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: **JOV HEALTH CORP**
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ $70.00 Filing Fee

☐ $78.75 Filing Fee & Certificate of Status

☐ $78.75 Filing Fee & Certified Copy

☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: JOSE ESTEBAN OSORIO VEGA
Name (Printed or typed)

1341 SW 124TH CT APT A
Address

MIAMI, FL 33184
City, State & Zip

786-443-6431
Daytime Telephone number

GABYDELASMERCEDES@GMAIL.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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

ARTICLE I NAME

The name of the corporation shall be: **JOV HEALTH CORP**

ARTICLE II PRINCIPAL OFFICE

Principal street address

1341 SW 124TH CT APT A

MIAMI, FL 33184

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFESSIONAL CORPORATION

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE ESTEBAN OSORIO VEGA - PRESIDENT

Address: 1341 SW 124TH CT APT A
MIAMI, FL 33184

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

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: DULCE M. BOZA ANDRACA

Address: 1341 SW 124TH CT APT A

MIAMI, FL 33184

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSE ESTEBAN OSORIO VEGA

Address: 1341 SW 124TH CT APT A

MIAMI, FL 33184

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/03/2023 (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.

_____ 05/03/2023

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.

_____ 05/03/2023

Required Signature: Incorporator Date