P230000 SHOOL State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000257656 3)))



H230002576563ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

**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 RUIZ SERVICES HEALTH CORP.

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

FILED

2023 JUL 24 PM 4: 09

PALLAHASSEE PIOSS

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAMF: The name of the corporation is:

ARTICLE II PRINCIPAL OFFICE;	
The principal street address and mailing address is:	
6816 NW 179 ST ApTO-203	
6816 NW 179 ST ApTO-203 HIRLEAH FL 33015	
ARTICLE III SHARES: The number of shares of stock is:	0
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE	:: :::::::::::::::::::::::::::::::::::
MayTE Ruiz (P)	
	īĀ!
	23
ARTICLE V INITIAL REGISTERED AGENT AND STREET A	1) DD E CC.
The name and Florida street address (PO Box not acceptable) of the registor	
MayTE Ruiz	6
6816 NW 179 ST ApTO 203	
6816 NW 179 ST ApTO 203 HIALEAH FL 33015	
6816 NW 179 ST ApTO 203 HIALEAH FL 33015	
ARTICLE VI INCORPORATOR: The name and address of the Inco	rporator is:
	rporator is:

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

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.

Incorporator [ate