

P2300003083673669

Florida Department of 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.

((H23000308367 3)))



H230003083673ABC%

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
SALVA HEALTH CENTER INC**

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

RECEIVED

2023 SEP -5 PM 3:36

SECRET

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE
TALLAHASSEE, FL

2023 SEP -5 AM 8:17

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Salva health center Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

9380 SW 72nd unit b245
Miami FL 33173**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Hildelisa Maria Aseunee (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Hildelisa Maria Aseunee
8861 SW 142 Ave Apt 9-18
Miami FL 33186**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Hildelisa Maria Aseunee
8861 SW 142 Ave Apt 9-18
Miami FL 33186

2023 SEP -5 AM 8:17

FILED

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

Hidelisa Ascunce 9/5/2023
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 § 817.155, F.S.

[Signature] 9/5/2023
Incorporator Date

FILED

2023 SEP -5 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FL