

P23000064462

Florida Department of State
Division of Corporations
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REGISTRARS
OFFICIAL
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
LIFE & HEALTH NURSES CORP.

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

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

ARTICLE I NAME

The name of the corporation shall be: LIFE & HEALTH NURSES CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address
6470 SW 43 ST.,
MIAMI, FL 33155

Mailing address, if different is:
6470 SW 43 ST.,
MIAMI, FL 33155

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 100 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VIANNY MARIEN GUILLERMO CHAVEZ - P

Name and Title: _____

Address 6470 SW 43 ST.,
MIAMI, FL 33155

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: VIANNY MARILIEN GUILLERMO CHAVEZ

Address: 6470 SW 43 ST.,

MIAMI, FL 33155

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: VIANNY MARILIEN GUILLERMO CHAVEZ

Address: 6470 SW 43 ST.,

MIAMI, FL 33155

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

VG
VG (Sep 6, 2023 13:13:22 GMT)

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.

VG
VG (Sep 6, 2023 13:13:22 GMT)

Required Signature/Incorporator

_____ Date

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