

P2 3000074918

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H230003650513ABCZ

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To:

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

From:

Account Name : ATESIANO TAX SERVICES
Account Number : I20190000123
Phone : (305)928-1137
Fax Number : (786)349-4952

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Penelopehpa@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
CABALE HEALTH SERVICES INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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Corporate Filing Menu

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2023 OCT 19 AM 9:45

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2023 OCT 19 PM 1:42

Oct. 16. 2023 5:07PM

No. 0901 P. 2
H23000365051 3

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: Cabale Health Services Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
1133 BLACKHAWK WAY

Mailing address, if different is:

Same

Tallahassee, FL 32312

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: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daysi P Cabale, P

Name and Title: _____

Address 1904 SW 131 PL

Address: _____

Miami FL 33175

Type text here

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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No. 0901 P. 3
A 230003650513.

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: Green Box Tax Services Inc
Address: 15715 S Dixie Hwy Ste 211
Miami FL 33157

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Daysi Cabale
Address: 1904 SW 131 PL
Miami, FL 33175

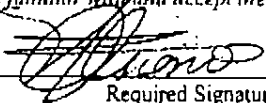
ARTICLE VIII EFFECTIVE DATE:

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.



Required Signature/Registered Agent

10/18/2023

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.

Required Signature/Incorporator

Date

10/18/2023

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