

P23000081877

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.

((H23000402429 3))



H230004024293ABC-

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 : CG TAX, INC.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

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
MJL HEALTH SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

FILED
2023 NOV 27 AM 10:07

Electronic Filing Menu Corporate Filing Menu Help

T.J.H
11/28/23

FILED
2023 NOV 27 PM 12:45

ARTICLES OF INCORPORATION

OF

MJL HEALTH SERVICES, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

MJL HEALTH SERVICES, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Said corporation shall further have powers:
To have perpetual succession by it's corporate

MJL HEALTH SERVICES, INC.

ARTICLE IV

The aggregate number of shares, which the corporation shall have authority to issue, is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation

2023 NOV 27 9:45 AM
STATE OF FLORIDA
SECRETARY OF STATE

FILED

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

**MILADYS JIMENEZ
10300 BIRD RD
MIAMI, FL 33165**

The principal office shall be:

**10300 BIRD RD
MIAMI, FL 33165**

ARTICLE VI

The initial Board of Directors shall consist of a total of TWO (02) persons, and the name and address of the person who is to serve as initial director:

**MILADYS, JIMENEZ
10300 BIRD RD
MIAMI, FL 33165**

PRESIDENT

**MELINDA, MACHADO
10300 BIRD RD
MIAMI, FL 33165**

VICEPRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is

**MILADYS JIMENEZ
10300 BIRD RD
MIAMI, FL 33165**

IN WITNESS WHERE OF, the undersigned incorporator has (ve) executed these Articles of Incorporation this NOVEMBER 21, 2023.



MILADYS JIMENEZ

2023 NOV 27 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

MJL HEALTH SERVICES, INC.

2. The Name and Address of the registered agent and office is:

**MILADYS JIMENEZ
10300 BIRD RD
MIAMI, FL 33165**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE _____



Date: NOVEMBER 21, 2023

2023 NOV 27 PM 12:45
STATE
TALLAHASSEE

FILED