

P24000003173

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : ARES & COMPANY, C.P.A., P.A.
Account Number : I20000000268
Phone : (305)229-8256
Fax Number : (305)229-8252

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

Email Address: Info@arescpa.com

FLORIDA PROFIT/NON PROFIT CORPORATION

~~IJC Corporation~~

IJC Health Coporation

Certificate of Status	0
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Page Count	01
Estimated Charge	\$70.00

2024 JAN 18 AM 11:27
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1/19/2024

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COVER LETTER

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Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: ~~UJC Corporation~~ UJC Health Corporation

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Ares & Company CPA

Name (Printed or typed)

3636 SW 87 Ave

Address

Miami, FL 33165

City, State & Zip

305-229-8256

Daytime Telephone number

info@arescpa.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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

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ARTICLE I NAME

The name of the corporation shall be: ~~IJC Corporation~~ IJC Health Corporation

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
1124 SW 145th Ave

Mailing address, if different is:

Miami, FL 33184

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all legal business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joaquin F Marquez Perez, President

Name and Title: Irismaida Hernanadez Marquez, VP

Address 1124 SW 145th Ave

Address: 1124 SW 145th Ave

Miami, FL 33184

Miami, FL 33184

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FLORIDA

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: Joaquin F Marquez PerezAddress: 1124 SW 145th AveMiami, FL 33184**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Joaquin F Marquez PerezAddress: 1124 SW 145th AveMiami, FL 33184**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*Joaquin F Marquez Perez01/16/2024

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.*Joaquin F Marquez Perez

Required Signature/Incorporator

01/16/2024
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 TALLAHASSEE, FLORIDA
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