

P240007700

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

From:  
Account Name : EXPRESS FILINGS INC  
Account Number : I20220000042  
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Email Address: adrianm@ecfilings.com

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**HG FAMILY HEALTH CARE INC**

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STATE  
TALIAFERRO  
CORPORATION

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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:

HG FAMILY HEALTH CARE INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2640 S UNIVERSITY DR, APT 225

DAVIE, FL 33328

Mailing address, if different is:

2640 S UNIVERSITY DR, APT 225

DAVIE, FL 33328

**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:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: GONZALEZ GARCIA, HECTOR / P.

Address: 2640 S UNIVERSITY DR, APT 225

DAVIE, FL 33328

Name and Title: REYES MASSUET, KRISSY / S.T.

Address: 2640 S UNIVERSITY DR, APT 225

DAVIE, FL 33328

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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TALLAHASSEE, FLORIDA

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Name and Title:

Address:

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

Address:

GONZALEZ GARCIA, HECTOR

2640 S UNIVERSITY DR, APT 225

DAVIE, FL 33328

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

GONZALEZ GARCIA, HECTOR


2640 S UNIVERSITY DR, APT 225

DAVIE, FL 33328

ARTICLE VIII EFFECTIVE DATE: 01/27/2024 (OPTIONAL)  
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

01/30/2024

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

01/30/2024

Date

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