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Division of Corporations
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From:

Account Name : BUSINESS ACCOUNTING PROFESSIONALS CORP
Account Number : 120190000020
Phone : (786)953-7449
Fax Number : (786)953-7450

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FLORIDA PROFIT/NON PROFIT CORPORATION
LFJOVADDS, PA

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**Articles of Incorporation
For
LFJOVADDS, PA**

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

LFJOVADDS, PA

Article II

The principal place of business address:

**12856 SW 207TH TERRACE
MIAMI, FL. 33177**

The mailing address of the corporation is:

**12856 SW 207TH TERRACE
MIAMI, FL. 33177**

Article III

The purpose for which this corporation is organized is:

IN THE HEALTH CARE BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is:

1,500

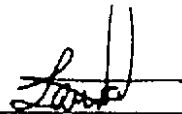
Article V

The name and Florida street address of the registered agent is:

**LAURA FOLGUEIRA JOVA
12856 SW 207TH TERRACE
MIAMI, FL. 33177**

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: _____

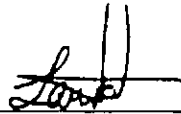


Article VI

The name and address of the incorporator is:

**LAURA FOLGUEIRA JOVA
12856 SW 207TH TERRACE
MIAMI, FL. 33177**

Signature of Incorporator: _____



I am the incorporator submitting these Articles of Incorporation and affirm that the facts state herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provide for in S.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following the formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

**Title: P
LAURA FOLGUEIRA JOVA
12856 SW 207TH TERRACE
MIAMI, FL. 33177
100 % SHAREHOLDER**

Article VIII

The effective date for this corporation shall be:

10/11/2024