Florida Department of State

Division of Corporations

P24000065700

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.

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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RECEIVED
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SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA PROFIT/NON PROFIT CORPORATION
ONE HEALTH HOLDINGS INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

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SECRETARY OF STATE
TALLAHASSEE, FL

Electronic Filing Menu Corporate Filing Menu Help

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: ONE HEALTH HOLDINGS INC

ARTICLE II PRINCIPAL OFFICE
Principal street address

2143 Academy Blvd
Cape Coral FL 33901

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

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ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MOHAMED AMED - PRES
Address: 2143 Academy Blvd
Cape Coral FL 33901

Name and Title:
Address:

Name and Title: Yoel Hernandez - VP
Address: 2143 Academy Blvd
Cape Coral FL 33901

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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: MOHAMED AMED

Address: 2143 Academy Blvd
Cape Coral FL 33901

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MOHAMED AMED

Address: 2143 Academy Blvd
Cape Coral FL 33901

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.

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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

X _____ 10/22/2024

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.

X _____ 10/22/2024

Required Signature/Incorporator Date