

P24000076475

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.

((H24000417692 3)))



H240004176923ABC2

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)328-4774

****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
BLOOMING HEALTH CLINIC YG INC**

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

RECEIVED

2024 DEC 19 PM 4:54

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

2021 DEC 19 PM 4:30

1-1-2021

Electronic Filing Menu

Corporate Filing Menu

Help

MA
MA

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

ARTICLE I NAMEThe name of the corporation shall be: BLOOMING HEALTH CLINIC YG INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
7000 SW 62nd AVE PH-N
MIAMI, FL 33143Mailing address, if different is:
7000 SW 62nd AVE PH-N
MIAMI, FL 33143**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: SHARES 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: YAISEL GONZALEZ GOMEZ - P Name and Title: _____Address 7000 SW 62nd AVE PH-N Address: _____
MIAMI, FL 33143

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2024 DEC 9 PM 4:30

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: YAISEL GONZALEZ GOMEZ
Address: 7000 SW 62nd AVE PH-N
MIAMI, FL 33143

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: YAISEL GONZALEZ GOMEZ
Address: 7000 SW 62nd AVE PH-N
MIAMI, FL 33143

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



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.



Required Signature/Incorporator

Date

2024 DEC 19 PM 11:30