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.

(((H25000225373 3)))



H250002253733ABCS

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 : TAP SOLUTIONS INC

Account Number : I20210000103 Phone : (786)615-3057

Fax Number : (786)615-3058

\*\*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@tapsolution.net

## FLORIDA PROFIT/NON PROFIT CORPORATION DAL HEALTH CARE CORP

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

Electronic Filing Menu Corporate Filing Menu

Help



## ARTICLES OF INCORPORATION

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

The name of the corporat	ion shall be: DAL HEA	LTH CAR	E CORP
ARTICLE II PRINC	IPAL OFFICE Principal street address	1	Mailing address, if different is:
933 NW 22ND PL			
MIAMI, FL 33125			
ARTICLE III PURPO	OSE		
The purpose for which the	ne corporation is organized is: ANY ANI	ALL LAWFUL B	SUSINESS ACTIVITY
		<del></del>	<u> </u>
<del></del>		<del></del>	
			····
	L OFFICERS AND/OR DIRECTORS  AGUIAR LAGUNA, DILMAR - P  933 NW 22ND PL		
	MIAMI, FL 33125	/1001005.	
	Will (Will, 12 33 12)	<del></del> 	
Name and Title:		Name and Title:	
Address			
		 	2025 TALL
Name and Title:		Name and Title:	2025 JUN 2 SECRETA FALLAHAS
Address			
. (44) 043			
_	<del></del>	_	2: 33 2: NIE 2: NIDA
•			<u>&gt;</u>

Name and	Title:	Name and Title:	
Address		Address:	
	EGISTERED AGENT ida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	RODRIGUEZ DIAZ, NIURYS	_	
Address:	931 NW 22ND PL	<u></u>	
-	MIAMI, FL 33125	_	
ARTICLE VII IN	CORPORATOR		
The name and add	ress of the Incorporator is:		
Name:	AGUIAR LAGUNA, DILMAR	_	
Address:	933 NW 22ND PL	_	
	MLAMI, FL 33125	_	
Effective date, if of	FFECTIVE DATE: ner than the date of filing: e is listed, the date must be specific and cannot	. (OPTIONAL) of be more than five days prior	r or 90 days after the
	serted in this block does not meet the applicable ctive date on the Department of State's records.		nis date will not be listed as
certificate. Lam fan	as registered agent to accept service of process juiliar with and accept the appointment as register		
Names R	Required Signature/Registered Agent	<u></u>	06-25-25
I submit this docum	Required Signature/Registered Agent ment and affirm that the facts stated herein are partment of State constitutes a third degree felon		Information submitted in
Required Signature	r_/A	_	06/25/25
Required Signature	Ing Orporator	Date	SECRETAGE OF TALLAHASSELS
			H 2: 3