

**P21 00003207**

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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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.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
 TU FAMILIA HEALTH CENTER INC**

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

2021 JAN 19 PM 4:28

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

TU FAMILIA HEALTH CENTER INC

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

375 W 19TH ST HIALEAH FL 33010

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

MARIO LOPEZ FLORES (P)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

MARIO LOPEZ FLORES

375 W 19TH ST HIALEAH FL 33010

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

MARIO LOPEZ FLORES

375 W 19TH ST HIALEAH FL 33010

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**Required Signatures:**

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

Mario Lopez  
Registered Agent

01/18/2021  
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.

Mario Lopez  
Incorporator

01/18/2021  
Date

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