

1/21/2021

PA1000003573

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
REFINE HEALTH INC**

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

Jan 21 10:57

2021-01-21 10:57:50

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 624, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: REFINE HEALTH INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2700 SW 27TH AVE # 4

MIAMI, FL 33133

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JANNETTE NIEVES (P)

Name and Title: _____

Address 8150 SW 72ND AVE

Address: _____

#1138

MIAMI, FL 33143

Name and Title: CHRISTINA BERMUDEZ (V/P)

Name and Title: _____

Address 8243 SW 144 CT

Address: _____

MIAMI, FL 33183

Name and Title: _____

Name and Title: _____

Address _____

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: JANNETTE NIEVES
 Address: 2700 SW 27TH AVE # 4
MIAMI, FL 33133

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JANNETTE NIEVES
 Address: 2700 SW 27TH AVE # 4
MIAMI, FL 33133

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

Jannette Nieves 01-20-2021
 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.

Jannette Nieves 01-20-2021
 Required Signature/Incorporator Date