

4/30/2021

Division of Corporations

P210000038776  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : ACCOUNTING REVENUE SERVICE, INC.  
Account Number : I20110000041  
Phone : (305)887-8730  
Fax Number : (305)887-8744

2021 APR 30 AM 10:20

\*\*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  
TANAI SY HEALTH CARE INC

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

2021 APR 30 PM 4:01

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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: TANAI SY HEALTH CARE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

439 SE 2ND ST  
HIALEAH, FL 33010

Mailing address, if different is:

SAME AS PRINCIPAL ADDRESS

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 SHARES AT \$1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TANAI SY ARAUJO CHAVEZ/ P

Name and Title:

Address 439 SE 2ND ST

Address:

HIALEAH, FL 33010

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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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: TANAISY ARAUJO CHAVEZ  
 Address: 439 SE 2ND ST  
HIALEAH, FL 33010

2021 APR 30 AM 10:20  
 STATE  
 ALL INFORMATION CONTAINED  
 HEREIN IS UNCLASSIFIED

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: TANAISY ARAUJO CHAVEZ  
 Address: 439 SE 2ND ST  
HIALEAH, FL 33010

**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 4/30/2021  
 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.*

\_\_\_\_\_  
 Required Signature/Incorporator 4/30/2021  
 Date

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