

**P23000004764**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
BLESSED HEALTH CLINIC INC**

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

2023 01 21 12:04

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

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

BLESSED HEALTH CLINIC INC

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

9103 NW 171 LANE

HIALEAH, FL 33018

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

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

HILDA M NORIEGA - PRES

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

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

HILDA M NORIEGA

9103 NW 171 LANE

HIALEAH, FL 33018

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

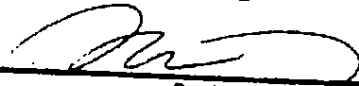
HILDA M NORIEGA

9103 NW 171 LANE

HIALEAH, FL 33018

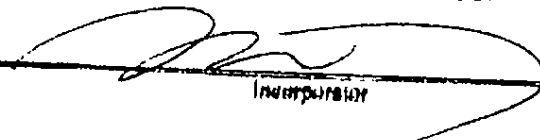
**Required Signatures:**

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

  
\_\_\_\_\_  
Registered Agent

1/18/23  
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.

  
\_\_\_\_\_  
Incorporator

1/18/23  
Date