# **Electronic Articles of Incorporation For**

P24000060913 FILED September 24, 2024 Sec. Of State adjohnson

PRIME HEALTH ASSURANCE INC

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

## Article I

The name of the corporation is:

PRIME HEALTH ASSURANCE INC

## **Article II**

The principal place of business address:

3111 N UNIVERSITY DR SUITE 406 CORAL SPRINGS, FL. US 33065

The mailing address of the corporation is:

3111 N UNIVERSITY DR SUITE 406 CORAL SPRINGS, FL. US 33065

#### **Article III**

The purpose for which this corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

#### **Article IV**

The number of shares the corporation is authorized to issue is: 10000

## **Article V**

The name and Florida street address of the registered agent is:

ANDRES BARON 6574 N STATE ROAD 7 SUITE 424 COCONUT CREEK, FL. 33073

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: ANDRES BARON

## **Article VI**

The name and address of the incorporator is:

ANDRES BARON 6574 N STATE ROAD 7 SUITE 424 COCONUT CREEK, FL 33073 P24000060913 FILED September 24, 2024 Sec. Of State adjohnson

Electronic Signature of Incorporator: ANDRES BARON

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

#### **Article VII**

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P ANDRES BARON 6574 N STATE RD SUITE 424 COCONUT CREEK, FL. 33073 US

#### **Article VIII**

The effective date for this corporation shall be:

09/23/2024