

P25000001152

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

From:
Account Name : ULLOA & COMPANY PROFESSIONAL ASSOCIATION
Account Number : I20190000086
Phone : (305)275-1300
Fax Number : (305)275-1301

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: admin@ggghealths.com

FLORIDA PROFIT/NON PROFIT CORPORATION
GGG General Health Services Inc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED

2025 JAN -6 PM 3:11

STATE OF FLORIDA
DIVISION OF CORPORATIONS

STATE OF FLORIDA
DIVISION OF CORPORATIONS
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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: **GGG General Health Services Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address is: **26775 SW 140th Ave, Apt 301
Naranja, FL 33032**

Mailing address, if different is:

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: Ismael Gomez, President

Address: 26775 SW 140th Ave, Apt 301, Naranja FL 33032

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Ismael Gomez

26775 SW 140th Ave, Apt 301, Naranja FL 33032

STATE
TALLAHASSEE, FL

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is

Ulloa and Company Professional Association

14050 SW 84 Street, Suite 204, Miami, FL 33183

ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing: 01/06/2024

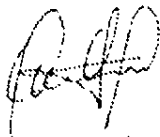
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Required Signature/Registered Agent

01/06/2025

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

01/06/2025

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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