Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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 FOUNDING HEALTH CENTER, INC.

Certificate of Status	
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Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
	6635 W Commercial Blvd
 	Unit 214
	Fort Lauderdale, FL 33319
ARTICLE III	SHARES: The number of shares of stock is: 100
ARTIC	LE IV INITIAL DIRECTORS AND/OR OFFICERS:
Title: Presid	dent
Yislen Borr	ego
6635 W Co	emmercial Blvd
Unit 214	, .
Fort Laude	rdale, FL 33319
ARTICLE V The name and F Yislen Bor	INITIAL REGISTERED AGENT AND STREET ADDRESS lorida street address (PO Box not acceptable) of the registered agent
	ommercial Blvd Unit 214
Fort Laude	erdale, FL 33319
ARTICLE VI	
Victor Por	
Yislen Borr	ommercial Blvd Unit 214

EIN: 33 - 34/1894

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 02/12/2025

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.

02/12/2025

Date