



State of Rhode Island
Department of State - Business Services Division

REC'D RIDGESS
24 FEB 15 AM 10:59:49
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FOR
SECRETARY OF STATE
USE ONLY

Articles of Incorporation

DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum

The undersigned, acting as incorporator(s) of the corporation under RIGL 7-1.2-202,
adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is: <u>ELeva tu Salud 365 INC</u>		
<input type="checkbox"/> Check if this a close corporation pursuant to RIGL <u>7-1.2-1701</u> of the General Laws, 1956, as amended.		
2. The total number of shares which the corporation has the authority to issue is: (Unless otherwise stated, all authorized shares are deemed to have a nominal or par value of \$0.01 per share.)		
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share
<u>1</u>		<u>0</u>
If you desire, you may include a statement of all or any of the designations and the power, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them which are permitted by the provisions of RIGL <u>7-1.2</u> . State any provisions here (optional): <div style="text-align: right;">Check the box to indicate an attachment <input type="checkbox"/></div>		
3. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name <u>Andrea Perez</u>		
Street Address (NOT a P.O. Box) <u>323 Plainfield st.</u>		
City/Town <u>Providence</u>	State <u>RHODE ISLAND</u>	Zip Code <u>02909</u>
4. The corporation has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with RIGL <u>7-1.2</u> .		

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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STAMP
FEB 15 2024
BY ML BTM7F
10:59

5. Additional provisions, if any, not inconsistent with RIGL 7-1.2 which the incorporators elect to have set forth in these Articles of Incorporation:

Check the box to indicate an attachment ☐

6. The name and address of each incorporator is:

Name Andrea Perez	Address 224 Roosevelt st.	
City/Town Providence	State R.I.	Zip Code 02909
Name Maria Perez	Address 224 Roosevelt st.	
City/Town Providence	State R.I.	Zip Code 02909
Name	Address	
City/Town	State	Zip Code

7. Date when these Articles of Incorporation will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

8. Under penalty of perjury, I/we declare and affirm that I/we have examined these Articles of Incorporation, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Incorporator Andrea Perez	Date 2/15/2024
Signature of Incorporator Andrea Perez	
Type or Print Name of Incorporator Maria Perez	Date 2/15/2024
Signature of Incorporator Maria Perez	
Type or Print Name of Incorporator	Date
Signature of Incorporator	