

L22000058954

2/14/22, 2

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : USACORP INC.
Account Number : I20130000019
Phone : (718)362-4789
Fax Number : (718)408-2550

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

Email Address: moses.schlesinger@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
Care Specialties Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

2022 FEB 14 PM 2:50

2022 FEB 14 PM 2:17

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME CARE SPECIALTIES INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
3411 Indian Creek Drive, # 701
Miami Beach, Fl 33140

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Consulting

ARTICLE IV SHARES 200
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: Moses Schlesiner, President Name and Title:
Address 3411 Indian Creek Drive, # 701 Address:
Miami Beach, Fl 33140

Vertical handwritten text: 2022 Feb 14 8:11:17

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Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENT

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

Name: Moses Schlesinger

Address: 3411 Indian Creek Drive, # 701
Miami Beach, Fl 33140

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Moses Schlesinger

Address: 3411 Indian Creek Drive, # 701
Miami Beach, Fl 33140

Completed Feb 11: 17

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

/s/ Moses Schlesinger

2/14/2022

Required Signature/Registered Agent

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.

/s/ Moses Schlesinger

2/14/2022

Required Signature/Incorporator

Date