

P21000093142

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
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2021 OCT 28 PM 6:14

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FLORIDA PROFIT/NON PROFIT CORPORATION
GOLDENCARE 4 U HOME HEALTH AGENCY CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Goldencare 4U Home Health Agency Corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

11595 Kelly Road
Bldg 100, Suite 119
Fort Myers, FL 33908

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Yedder Caba Soria, P
Yusel A. Vieites Celestino, VP

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Yusel A. Vieites Celestino
11595 Kelly Road
Bldg 100, Suite 119
Fort Myers, FL 33908


ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Yusel A. Vieites Celestino
11595 Kelly Road
Bldg 100, Suite 119
Fort Myers, FL 33908

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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

10/28/2021
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.



Incorporator

10/28/2021
Date

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