Jan 24*2024 1:03pm - *DM9

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : DMG FINANCIAL SERVICES INC

Account Number : I20230000151 Phone : (305)595-2407 Fax Number : (305)595-2408

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 FULL OF LIFE HEALTH CARE INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: FUE	A. OF LIFE HEALTH CARE INC						
SUBJECT:	(PROPOSED CORPORA	TE NAME = <u>MUST INCL</u>	UDE SUFFIX)				
Enclosed are an o	original and one (1) copy of the art	icles of incorporation and	i a check for:				
S70.00 Filing Fe		☐ \$78.75 Filing Fee & Certified Copy	& Certificate of Status				
		ADDITIONAL CO	OPY REQUIRED				
FROM:	MARIA E RUIZ Name (Printed or typed) 7750 SW 117TH STREET SUITE 203						
	Address						
	MIAMI FLORIDA 33 183						
	City	. State & Zip					
	305 595-2407	_					
	Daytime Telephone number						
	MARIAQUIROS9@HOTMAIL.COM						
	E-mail address: (to be use	ed for future annual report	notification)				

NOTE: Please provide the original and one copy of the articles.

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

	In all otheron		
TICLE II PRINC	IPAL OFFICE Principal <u>street</u> address	:	Mailing address, if different is:
50 SW 80TH STRE			
AMI, FLORIDA 33	193		
TICLE III PURPO	SE SW SS		
purpose for which th	ne corporation is organized is: ANY AND	AUL DEGAL FO.	X1.0909
			7.
			2022
<u> </u>			- 53 S
			- (m) Q
			PH 2: 36
			S. 5

TICLE IV SILARI number of shares of s	<u>S</u> stock is		2m 36
number of shares of	stock is. 100		Su co
number of shares of street	stock is. 100 L OFFICERS AND/OR DIRECTORS		
number of shares of street	Rock is. 190 L <u>OFFICERS AND/OR DIRECTORS</u> - GLENDA R. BARROS FAWCETT, PRE		JOHN E CANAS RODRIGUEZ, VP
number of shares of street	L OFFICERS AND/OR DIRECTORS GLENDA R. BARROS FAWCETT, PRE		
number of shares of states	L OFFICERS AND/OR DIRECTORS GLENDA R. BARROS FAWCETT, PRE	Name and Title: Address:	JOHN E CANAS RODRIGUEZ, VP
number of shares of states	Rock is. 100 LOFFICERS AND/OR DIRECTORS GLENDA R. BARROS FAWCETT, PRE 15550 SW 80TH STREET APT E203 MIAMI , FLORIDA 33193	Name and Title: Address:	JOHN E CANAS RODRIGUEZ, VP 15550 SW 80TH STREET APT E20.
number of shares of states	Rock is. 100 LOFFICERS AND/OR DIRECTORS GLENDA R. BARROS FAWCETT, PRE 15550 SW 80TH STREET APT E203 MIAMI, FLORIDA 33193	Name and Title: Address:	JOHN E CANAS RODRIGUEZ, VP 15550 SW 80TH STREET APT E20. MIAMI FLORIDA 33193
Name and Title Name and Title	Rock is. 100 LOFFICERS AND/OR DIRECTORS GLENDA R. BARROS FAWCETT, PRE 15550 SW 80TH STREET APT E203 MIAMI, FLORIDA 33193	Name and Title: Address: Name and Title	JOHN E CANAS RODRIGUEZ, VP 15550 SW 80TH STREET APT E20. MIAMI FLORIDA 33193
number of shares of states	Rock is. 100 LOFFICERS AND/OR DIRECTORS GLENDA R. BARROS FAWCETT, PRE 15550 SW 80TH STREET APT E203 MIAMI, FLORIDA 33193	Name and Title: Address:	JOHN E CANAS RODRIGUEZ, VP 15550 SW 80TH STREET APT E20. MIAMI FLORIDA 33193
Name and Title Name and Title	Rock is. 100 LOFFICERS AND/OR DIRECTORS GLENDA R. BARROS FAWCETT, PRE 15550 SW 80TH STREET APT E203 MIAMI, FLORIDA 33193	Name and Title: Address: Name and Title Address:	JOHN E CANAS RODRIGUEZ, VP 15550 SW 80TH STREET APT E20. MIAMI FLORIDA 33193
Name and Title Name and Title	HOCK IS. 100 LOFFICERS AND/OR DIRECTORS GLENDA R. BARROS FAWCETT, PRE 15550 SW 80TH STREET APT E203 MIAMI, FLORIDA 33193	Name and Title: Address: Name and Title Address:	JOHN E CANAS RODRIGUEZ, VP 15550 SW 80TH STREET APT E20. MIAMI FLORIDA 33193
Name and Title Name and Title Address	HOFFICERS AND/OR DIRECTORS GLENDA R. BARROS FAWCETT, PRE 15550 SW 80TH STREET APT E203 MIAMIL, FLORIDA 33193	Name and Title: Address: Name and Title: Address:	JOHN E CANAS RODRIGUEZ, VP 15550 SW 80TH STREET APT E20. MIAMI FLORIDA 33193
Name and Title: Address Name and Title:	EROCK IS. 100 LOFFICERS AND/OR DIRECTORS GLENDA R. BARROS FAWCETT, PRE 15550 SW 80TH STREET APT E203 MIAMIL, FLORIDA 33193	Name and Title: Address: Name and Title Address: Name and Title	JOHN E CANAS RODRIGUEZ, VP 15550 SW 80TH STREET APT E20. MIAMI FLORIDA 33193
Name and Title Name and Title Address	HOFFICERS AND/OR DIRECTORS GLENDA R. BARROS FAWCETT, PRE 15550 SW 80TH STREET APT E203 MIAMIL, FLORIDA 33193	Name and Title: Address: Name and Title Address: Name and Title	JOHN E CANAS RODRIGUEZ, VP 15550 SW 80TH STREET APT E20. MIAMI FLORIDA 33193

Name	and Title:	Name and Title.
Addre	288	Address:
	REGISTERED AGENT	of the accidenced according
Name:	Florida street address (P.O. Box NOT acceptable) GLENDA BARROS FAWCETT	or the registered agent is:
Address:	15550 SW 80TH STREET APT E203	-
	MIAMI , FLORIDA 33033193	2024 2024
	INCORPORATOR	₩ wa
`	address of the Incorporator is:	
Name:	GLENDA BARROS FAWCETT	
Address:	15550 SW 80TH STREET APT E203	
	MIAMI, FLORIDA 33193	 .
filing.) Note: If the da		12 \(\frac{1}{2}\) . (OPTIONAL) must be more than five days prior or 90 days after the ple statutory filing requirements, this date will not be listed as is.
	amed as registered agent to accept service of proces a familiar with and accept the appointment as regis	s for the above stated corporation at the place designated in this - tered agent and agree to act in this capacity
· Cleur	Required Signature/Registered Agent	01/85 / 202-4 Date
		re true. I am aware that the false information submitted in a
Cloud	c Department of State constitutes a third degree fet	41/cs/2024
Required Sign:	ature/Incorporator	Date

01/05/2024

Department of State
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: FULL OF LIFE HEALTH CARE INC

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

COUNTY COUNTY GLENDAR, BARROS FAWCETT

