## 

03 APR 25 PH 2: 49

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## Florida Department of State Division of Corporations Public Access System

**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.

(((H03000142847 0)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

## FLORIDA NON-PROFIT CORPORATION

## LUVLAINE, INCORPORATED

كالنب شيالان التناقي التناقي والمستحدث التناقية	
Certificate of Status	0
Certified Copy	Ī
Page Count	01
Estimated Charge	\$78.75

1 of 2

HO300	0142847 0 ARTICLES OF INCORPORATION	
	In Compliance with Chapter 617, F.S., (Not for Profit)	FILED
	ARTICLE I NAME	
	The name of the corporation shall be:	03 APR 25 PM 2: 49
	Lurlaine, Incorporated	SECKLIAGE OF STATE TALLAHASSEE, FLORID
٠	ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:	I ALL ATROSEL, Les
Nr. 014	P.O. BOX 416, HALLANDALE BEACH, FL 3	3008-0416
11000	130 Godden Idas Drive, #c, Hallandale Bet	J 3309
	ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	7 . 2 0 2 2
	Consultant + Health Care Sorve	· a - o/
	Social Sarvices	<i>4</i>
	ARTICLE IV MANNER OF ELECTION	
	The manner in which the divertors are strated or concentrate	m in the
	The manner of Election will be Stated in the	Munoka 4
	by laws of the Comporation	
	ARTICLE V INITIAL DIRECTORS/OFFICERS  The name(s), address(es) and title(s):	
	<u>.</u>	
		÷ -
	ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS	
	The name and Florida street address of the registered agent is:	
	Tonya M. CARTER 130 Godden FSIES Drive, Suite C	
	Hallandale beach, the ascort	
	ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:	
,,,,	HOMELA CARTER	
,	130 Groden Isles De # C, Hallandale Beac	h, FL 33W9
*:	**************************************	*****
( ")	this dertificate, I am familiar with and accept the appointment as registered agent and agree to act in the	his capacity.
4	UNUC CALLO 4/00	3/03
S	ignature/Registered/Agent Date	/
	UMUA (DUVE) 4/23	103
S	ignature/Incorporator Date	