

OFFICE USE ONLY (DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

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TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAR 21 PM 1:04

FILED

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. LIODA NURSE CARE, CORP.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

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NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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02 MAR 21 AM 11:01
TALLAHASSEE, FLORIDA

Examiner's Initials

3/25

**ARTICLES OF INCORPORATION
OF**

02 MAR 21 PM 1:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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The undersigned subscriber to these Articles of Incorporation is a natural person competent to contract, hereby associate himself to form a corporation under the laws of the State of Florida, providing for the formation, liability, rights, privileges and immunities of a corporation for profit.

ARTICLE I NAME

The name of this corporation is: **LIODA NURSE CARE, CORP.**

**ARTICLE II
NATURE OF BUSINESS**

The general nature of the business, the objects and purposes to be transacted and carried on are to do any and all of the things herein mentioned, as fully and as to the same extent as natural persons might or could do,

- 1- Representation of new, innovative products, inventions.
- 2- Any and all lawful authorized business within the State of Florida.
- 3- And in general to carry on any other business whatsoever in connection with
The foregoing or which is calculated, directly or indirectly, to promote the Interest of the corporation or to enhance the value of its properties.
- 4- And, further, to borrow or to raise money for any purpose, of the company,
To secure the same interest, or for any other purpose, to mortgage all or any Part of the property corporeal or incorporeal rights or franchises of the Company owned or hereinafter acquired, and to create, issue, draw, accept and Negotiate bonds or mortgages, bills of exchange, promissory notes and other Obligations or negotiable instruments.

**ARTICLES III
CAPITAL STOCK**

The maximum number of share of stock that this corporation is authorized to have outstanding at any time is FIVE HUNDRED SHARES of common stock AT US\$1.00 (ONE DOLLAR) PER SHARE. PAR VALUE.

ARTICLE IV AMOUNT OF CAPITAL

The amount of capital with which this corporation will begin business is not less than **FIVE HUNDRED DOLLARS**
(\$500.00)

ARTICLE V TERM OF EXISTANCE

This corporation will have perpetual existence.

ARTICLE VI ADDRESS

The initial first office address of the principal office of this corporation in the State of Florida is: 6223 SW 147 PLACE, MIAMI, and FL. 33193-2409.

The Board of Directors may from time to time move the principal office to any other address in the State of Florida, and establish branches and subsidiaries in any place within the United States.

ARTICLES VII DIRECTORS

This corporation shall have ONE director initially. The number of Directors may be increased or diminished from time to time by the laws adopted by the stockholders, but shall never be less than ONE.

ARTICLES VIII INITIAL BOARD OF DIRECTORS

The named post office address of the member of the first Board of Directors, who subject to the provisions of the Certificate of Incorporation, the by-laws and the corporation laws of the State of Florida, shall hold office for the first year of the corporation's existence, or until their successors are elected and have qualified, is:

Rene Antonio Rodriguez
6223 SW 147 Place
Miami, FL 33193-2409
Lioda Rodriguez

PRESIDENT
DIRECTOR

VICE-PRESIDENT

6223 SW 147 Place
Miami, FL 33193-2409

ARTICLE IX SUBSCRIBERS

The name and post office address of the subscriber of these Articles of Incorporation, and the number of shares of stock he agrees to take and the value of the consideration thereof, are: 500 Shares at \$ 1.00 per share

Rene Antonio Rodriguez-
6223 SW 147 Place
Miami, FL. 33193-2409

ARTICLES X AMENDMENT


These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the Stockholders, and approved at a Stockholder's meeting of the Stock entitled vote thereon.

ARTICLE XI REGISTERED AGENT

Registered Agent shall be **LIODA RODRIGUEZ** and his principal registered office at 6223 SW 147 PLACE, MIAMI, FL 33193-2409

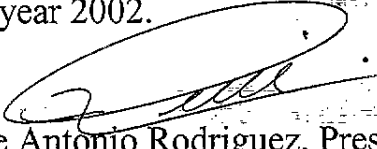
ACKNOWLEDGEMENT

Having been named to accept service of process for LIODA NURSE CARE CORP. at the place designated in this Article, I hereby accept to act in this capacity, and agree to comply with the provisions of said act relative to keeping open said office.


Lioda Rodriguez
Registered Agent

I, the undersigned. Being the original subscriber of the capital stock herein above named for the purpose of forming a corporation for profit to do business both with and without the State of Florida, do hereby make, subscribe, acknowledge and file this certificate, hereby declaring and certifying that the facts herein stated are true. And do agree to take the

number of shares of stock herein above set forth to and accordingly have hereunto set my hand signature and seal this Seventh day of September of The year 2002.


Rene Antonio Rodriguez, President

STATE OF FLORIDA)


SS

COUNTY OF DADE)

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized to administer oaths and take acknowledgements, personally appeared Rene Antonio Rodriguez identified by his Florida drivers License Number, expiration date to execute the foregoing Articles of Incorporation, and acknowledged before me that he subscribed to those Articles of Incorporation.

I witness, set my hand and seal in the County and State named above this SEVENTH DAY OF MARCH OF THE YEAR 2002.

ye
EIGHTH

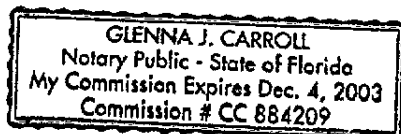

Notary Public

Coral Gables, FL
Miami-Dade County
Identification

FL Dr. Lic.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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