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1. A & K HEALT	OCUMENT NUMBER(S) (if known): THE CARE CENTER CORP. (Document #)	
2. (Corporation Name)	(Document #)	
3. (Corporation Name)	(Document #)	
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NEW FILINGS	AMENDMENTS	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/Director	
. Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/ QUALIFICATION Foreign	
Name Reservation	Limited Partnership	
	Reinstatement	
	Trademark	

Other

Examiner's Initials

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ARTICLES OF INCORPORATION

03 JAN 29 PM 1: 07

The undersigned Incorporator(s), for the purpose of forming a TALLAHASSEE. FLORIDA the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

A 4 K HEALTH CARE CENTER

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

7210 SW 5 TERR MIAMI FL 33144

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1.00

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS ·

The name and address of the initial registered agent is:

ANA M. BARRIOS 1210 SW 5 TERR MIAMI FL 33.144

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is: $ANAMBARRIOS$
1210 SW 5 TERR MIAMI EL 33199
The undersigned incorporator has executed these Articles of Incorporation this 28 day of 12 2023
Signature

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

ANA M. BARRIOS PRESIDENT TOIO SW 5-TERR PLANES MIAMI FL 33/44 AND FILE MIAMI FL 33/44

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature