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LAZARUS CORPORATE FILING SERVICE Requester's Name 3320 S.W. 87TH AVENUE Address MIAMI, FL 33165 (305) 552-5973 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Document #) (Corporation Name) Pick up time 2.00 Walk in Certified Copy Mail out ☐ Photocopy Certificate of Status Will wait **NEW FILINGS AMENDMENTS** Profit Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Fictitious Name Limited Partnership Reinstatement Trademark

Other

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

7 (ORIDA CARE CENTER CORP.

ARTICLE II - PRINCIPAL OFFICE

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

749 W 63 DR 410/eahfl 33012

ARTICLE III -SHARES

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

60nzalo Rodriquez 749 W 63 DR Haloahfl 33012.

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of incorporation is:

Conzalo Rodriquez

749 W 63 DR

11/0/egh FL 330/2

The undersigned incorporator has executed these Articles of Incorporation this 8 day of 2001

ARTICLE VI- DIRECTOR(S)

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

(00772060 Rodriquez (P)

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