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LAZARUS CORPORATE FILING SERVICE

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Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time _ 2.00 Certified Copy Mail out Photocopy ☐ Will wait Certificate of Status **NEW FILINGS** <u>AMENDMENTS</u> Profit Amendment Resignation of R.A., Officer/Director Not for Profit ☐ Change of Registered Agent Limited Liability Domestication ☐ Dissolution/Withdrawal ☐ Merger Other REGISTRATION/QUALIFICATION **OTHER FILINGS** Foreign Annual Report Limited Partnership ☐ Fictitious Name 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: Michael Care INC.

ARTICLE II - PRINCIPAL OFFICE

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

5701 SW 50th ST MIAMI, FL 33155

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:

JUSTO FONTE 570/ SW 50 AST MIAMI / FL 33155.

ARTICLE V - INCORPORATOR

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

JUSTO FONTE 5701 SW 50 THST MIAMI, FL. 33155

The undersigned incorporator has executed these Articles of Incorporation this day of 2005.

Signature

ARTICLE VI- DIRECTOR (S)

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

JUSTO FONTE: PRESIDENT

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