

OCT/14/2013/MON 11:09 AM

10/14/13

AX N

Division of Corporations

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
EVERYDAY PROFESSIONAL CARE SERVICE, INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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P.002
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) **13 OCT 14 AM 11:56**

ARTICLE I NAME

The name of the corporation shall be: EVERYDAY PROFESSIONAL CARE SERVICE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

8567 CORAL WAY

STE: 198

MIAMI, FL 33155

Mailing address, if different is:

8567 CORAL WAY

STE: 198

MIAMI, FL 33155

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL PURPOSE

ARTICLE IV SHARES 100

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: (P) YUDEL GONZALEZ

Address

8567 CORAL WAY

STE: 198

MIAMI, FL 33155

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

OCT/14/2013/MON 11:20 AM

FAX No.

P. 003

(cont.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: YUDEL GONZALEZ
Address: 8567 CORAL WAY STE: 198
MIAMI, FL 33155

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: YUDEL GONZALEZ
Address: 8567 CORAL WAY STE: 198
MIAMI, FL 33155

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

Date 10/14/13

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

Date 10/14/13

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