Division of Corporations Electronic Filing Cover Sheet

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(((H15000107235 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I20000000019

Phone : (305)552-5973

Fax Number

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FLORIDA PROFIT/NON PROFIT CORPORATION EL NINO DE ATOCHA HOME CARE INC

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

Help

H15000107235

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| EL: NINO DE ATOCHA HUME CA | ve i | inc | 7 |
|---|------------------|-------------------------|------|
| ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: 15355 5 W 1715T | | | |
| ARTICLE III SHARES: The number of shares of stock is: | - | | |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: | | | |
| KAISA ECHEVARIUM (P). | ₹.0 | 1 | |
| | ALL MARKET | 5 HAY | |
| · | 1 1388 10 ABS | <u> </u> | FILE |
| | SANT HASS | - - | |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: | | | |
| The name and Florida street address (PO Box not acceptable) of the registered agent in Raisa Echevarria | s: | ļ | |
| 15355 SW 171 ST | | | |
| Miami FL 33187 | | | |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is | s: | | |
| Kaisa Echevarria | | | |
| Miami F(33187 | , | | |

APPROVEL #2498 P.003/003 150001017235

15 MAY - 1 AM 11: 24

Required Signatures:

SECRETARY OF STATE TALLAHASSEE SLOBIDA

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 garee to act in this capacity

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.