

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone Fax Number : (305)552-5973 : (305)675-5944

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

Email	Address:	
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FLORIDA PROFIT/NON PROFIT CORPORATION ALLIANCE CARE CORP

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

Help

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

ARTICLE I NAME: The name of the corporation is:		
Alliance Care Corp	:	
ARTICLE II PRINCIPAL OFFICE:	-	
The principal street address and mailing address is:		
7211 N. Dale Mabry Hwy		
Suite 220		
10mpa +L 35104		
ARTICLE III SHARES: The number of shares of stock is: 100		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		
NA CONTRACTOR (D)	ا يمــ	Z
Minerva Valido (P)	NUL 5	14.4.1
	وَ	AHASSEE
	AM 10: 23	, , , , , , , , , , , , , , , , , , ,
	23) 1
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:		
The name and Florida street address (PO Box not acceptable) of the registered agent is:		
Minerva Valido		
Suito 220 Tampo El 33104		
Some 220 Tomporte 33101		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:		
7211 NI Dalo Mahry Hwy		
Suito 220 Tampa FL 33104		

第15000151672

Required Signatures:

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 ac	t in this capacity
a. 45	/ /
r Jeff	_06/19/15
Registered Agent	Date

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.

Incorporator

Date