

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000164994 3)))



H150001649943ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 : (305)675-5944

RECEIVED

15 JUL -6 PM 4:49

SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

15 JUL -6 AM 7:30

RECEIVED

****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
CARE WITH PRIDE CORP

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

JUL -7 2015

S. GILBERT

H15000164994

ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:Care with Pride Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

870 NW 87 ave apt
208 Miami FL 33172**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Yasmin Gutierrez (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

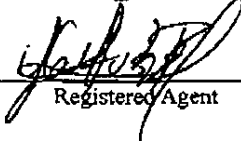
Yasmin Gutierrez
870 NW 87 ave apt. 208
Miami FL 33172**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Yasmin Gutierrez
870 NW 87 ave apt. 208
Miami FL 33172

H15000164994


H15000164994

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 act in this capacity

 _____ 07/06/15
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.

 _____ 07/06/15
Incorporator Date

H15000164994