

**ALSO0057067**

Florida Department of State  
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 : I20000000019  
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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**MIMA'S CARE INC**

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

15 OCT 22 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

H15000253314

**ARTICLE I NAME:** The name of the corporation is:

Mima's Care Inc

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

12892 S.W. 12 Ter

Miami FL 33184

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Maria Diaz Fonseca - P

Joanka C Diaz Dominguez - Director

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Maria Diaz Fonseca

12892 S.W. 12 Terr.

Miami FL 33184

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Maria Diaz Fonseca

12892 S.W. 12 Terr.

Miami FL 33184

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TALLAHASSEE, FLORIDA

15 OCT 22 AM 1:56

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**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

*Harriet Dean* \_\_\_\_\_  
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.

*Harriet Dean* \_\_\_\_\_  
Incorporator Date

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