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(((H16000125500 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

Account Number : 120000000019 Phone

: (305)552-5973

Fax Number

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

Count 7	Address:			

## FLORIDA PROFIT/NON PROFIT CORPORATION LA VIDA EN ROSA, ADULT DAY CARE, INC

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

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Corporate Filing Menu

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ARTICLES OF INCORPORATION 16000125500 In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:

ARTICLE II PRINCIPAL OFFICE:  The principal street address and mailing address is:  1166 Sw 140 PL  Miami FL 33184
1166 SW 140 PL ASSET OF AND
Miani FL 33184 ED
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
ROSA PAIROT (VP)
CARlos PABLO URRA (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
KOSA PAIROT
1166 SW 140 PL
MIAMI FL 33184
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
ROSA PAIROT
1166 SW 140 PL
MIAMI FL 33184

H16000125500

## 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

Rosa Paurot

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.

Bosa Pairot
Incorporator
Date

16 MAY 20 AM II: 26
SLUNG WARY OF STATE
TALL ARASSEE FLORIDA