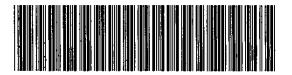
P16000045801

(Requestor's Name)				
(Ad	dress)			
(Address)				
(Cit	ty/State/Zip/Phone	: #)		
PICK-UP	WAIT	MAIL		
(D.:	siness Entity Nam			
(Du	Siness Enuty Nair	ie)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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16 MAY 25 PM 2: 25
SECRETARY OF STATE
SECRETARY SSEE FLORID.

W. Culligan JUN - 2 3010

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: SO	PHIE'S ANGEL CARE, INC.				
SOBJECT.	(PROPOSED COR	PORATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the	he articles of incorporation an	d a check for:		
☐ \$70.0 Filing Fe	\$78.75 ee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
	ADDITIONAL COPY R		DPY REQUIRED		
FROM:		Name (Printed or typed)			
	18002 ALLISON PARK PLACE, UNIT 201 Address				
	TAMPA, FL 33647	Nucleos			
		City, State & Zip			
	224-848-9988				
	Dayt	ime Telephone number	·		
	fidel@fstaxandaccounting.com				
	E-mail address: (to b	be used for future annual report	notification)		

NOTE: Please provide the original and one copy of the articles.

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

ARTICLE I NAME The name of the corporate	sophie's Angel Care,	INC.		
ARTICLE II PRINC 18002 Allison Park Plac	CIPAL OFFICE Principal street address cc, Unit 201	Mailing add	Mailing address, if different is:	
Tampa, FL 33647				
	_			
ARTICLE III PURPO The purpose for which the including hands on non	OSE he corporation is organized is: Provide h medical & non skilled personal care. The	nome health aide and/or certified	nursing assistant service	
facilities, schools or oth	ner business entities on a temporary basis			
			TALLIAHAY 25	
			PH 2: 25 SEE FLORIC	
	stock is: LOFFICERS AND/OR DIRECTORS			
Name and Title	Fidel Navarroza - President	Name and Title:		
Address	18002 Allison Park Place, Unit 201	Address:		
	Tampa, FL 33647			
Name and Title:		Name and Title:		
Address		Address:		
Name and Title:		Name and Title:		
Address				
		-		

Name and	l Title:	Name and Title:	
Address		Address:	
			
		_	
ARTICLE VI F	REGISTERED AGENT		
The <u>name and Flo</u>	orida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	Fidel Navarroza		
Address:	18002 Allison Park Place, Unit 201	<u></u>	
	Tampa, FL 33647	<u> </u>	5
			AND NOTICE AND ADDRESS OF THE PARTY OF THE P
ARTICLE VII	INCORPORATOR		125 I
The name and ad	dress of the Incorporator is:		PH 2:
Name:	Fidel Navarroza		PH 2: 25 YOF STATE SEE FLORIDA
Address:	18002 Allison Park Place, Unit 201		BH W
	Tampa, FL 33647		
	Economius Navi		
Effective date, if of	EFFECTIVE DATE: other than the date of filing:	. (OPTIONAL)	
(If an effective days after the fili	ate is listed, the date must be specific and car	not be more than five business days	prior or 90 business .
•	•		
	inserted in this block does not meet the applical fective date on the Department of State's record		ite will not be listed as
Uaring barn name	ned as registered agent to accept service of proc	and for the above stated commonation at	the place designated in
	ned as registered agent to accept service of proc m familiar with and accept the appointment as		
FIDET NAV	VARROZA / S		5/23/16
1	Required Signature/Registered Agent		Date
	iment and affirm that the facts stated herein a Department of State constitutes a third degree fe		ormation submitted in a
FIDEL NA	VARRUZA 15		5/23/16
Requir	ed Signature/Incorporate		Dake