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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.
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****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
TOTAL CARE HOME SERVICES OF USA CORP**

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

RECORDED

17 AUG 23 PM 4:59

Division of Corporations
FLORIDA
STATE
FALL AVENUE
TALLAHASSEE, FLORIDA

17 AUG 23 AM 9:24

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08/24/17

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Total Care Home Services of USA Corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

4621 SW 133 Ave
Miami, Florida 33175

FILED IN STATE
FALL WINTER, FLORIDA

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1.1.1

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

MARIA FELIX VALDES (P) (T)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

MARIA FELIX VALDES
4621 SW 133 Ave
Miami, Florida 33175

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

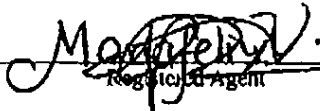
MARIA FELIX VALDES
4621 SW 133 Ave
Miami, Florida 33175

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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

 _____ Registered Agent	8/22/17 _____ Date
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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	8/22/17 _____ Date
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 DEPARTMENT OF STATE
 TALLAHASSEE FLORIDA

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