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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:

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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
CYR ELITE CARE SERVICE CORP.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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Corporate Filing Menu

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

CYR Elite Care Service Corp.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

1116 E Mowry Drive Apt 101
Homesstead, FL 33030

Homestead, FL 33030

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Caridad Yamila Riveron (president)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Caridad Yamila Riveron

1116 E Mowry Drive Apt 101

Homesstead, FL 33030

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

Caridad Yamila Riveron

416 E Mowry Drive Apt 101

Homesstead, FL 33030

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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

11-12-17

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.



Incorporator

11-12-17

Date

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