

P18 000 003 885

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000015631 3)))



H180000156313ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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 ANGEL'S SENIOR DAY CARE, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

JAN 16 2010

RECEIVED

2010 JAN 12 PM 4:50

STATE OF FLORIDA

H18000015631

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Angel's Senior Day Care, Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

P: 16410 S.W. 52ndMiami FL 33185M: P.O. Box 942334 Miami FL 33194**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Lupe Lugo(P)Isabel I. Jurado(VP)(T)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Lupe Lugo16410 SW 52nd StMiami FL 33185**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Lupe Lugo16410 SW 52nd StMiami FL 33185

H18000015631

H18000015631

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

01-12-18

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

01-12-18

Date

H18000015631