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To:

Division of Corporations

Fax Number

3052201440

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 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:							
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## FLORIDA PROFIT/NON PROFIT CORPORATION AD HOMEMAKER & COMPANION SERVICES INC

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Estimated Charge	\$78.75

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MAR 14 2018

T. SCOTT

## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

NAME: The name of the corporation is:	
AD Homemaker & Companion Services ]	NC
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	: .
4340 SW DAINE MIGNI, FL	
33175	
ARTICLE DI SHARES: The number of shares of stock is:	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:  Ana Maria Moran (P)	18 MAR - 1
	A A
	W 8
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	
tha Maria Moran	
7390 SW 129 AVE	
MIGMI FL 33175	•
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
And Mario and address of the Incorporator is:	
4340 SW 129 AVE	
Miami EL 133175	

## 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

Register Agent 3 13 18

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a socument to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.

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