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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
SERENTY CARE SOLUTIONS CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
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Help

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

ARTICLE I NAME SERENITY CARE SOLUTIONS CORP
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
11751 SW 30 STREET
MIAMI, FL 33175

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS

Administration Advisory, Consulting, marketing and sales

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VICENTE CARMONA (P/S/D)

Address: 11751 SW 30 STREET
MIAMI, FL 33175

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: VICENTE CARMONA
Address: 11751 SW 30 STREET
MIAMI, FL 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VICENTE CARMONA
Address: 11751 SW 30 STREET
MIAMI, FL 33175

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Required Signature/Registered Agent

04/24/2018

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 §817.155, F.S.

Required Signature/Incorporator

04/24/2018

Date