

P18000066480

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.**

((H18000223236 3)))



H180002232363ABC.

**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  
MAGGYS HOME CARE III INC**

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

2018 AUG -1 PM 4:32

INFORMATION SERVICES

2018 AUG -1 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE FL

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:Maggie's Home Care III Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

12803 SW 53 CT Miramar  
FL, 33027**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Brittany Chantel Mendez (P)  
  
  
  
**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Brittany Chantel Mendez  
12803 SW 53 CT  
Miramar FL 33027**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Brittany Chantel Mendez  
12803 SW 53 CT  
Miramar FL 33027

H18000223236

**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

Brittney Mendez  
Registered Agent \_\_\_\_\_ 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.

Brittney Mendez  
Incorporator \_\_\_\_\_ Date \_\_\_\_\_

H18000223236