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To:

Division of Corporations

Fax Number : (850)617-6381

From:

**22** 

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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## FLORIDA PROFIT/NON PROFIT CORPORATION **NEW LIFE CARE PLUS INC**

Certificate of Status	0
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## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is: ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: ARTICLE III SHARES: The number of shares of stock is: /O . INITIAL DIRECTORS AND/OR OFFICERS: ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS. The name and Florida street address (PO Box not acceptable) of the registered agent is: ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

FAX No. 7865819644

P. 002/005

## 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

Dayli Holina Pales 11-29-2018
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 9.817.155, F.S.

Incorporator

11 - 29 - 8018 Date

18 NOV 30 PM 12: 21
SECRETARY OF SIGN