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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

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FLORIDA PROFIT/NON PROFIT CORPORATION
ARDIG.CARE CORP.

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

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SECRETARY OF STATE
TALLAHASSEE, FL

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2ND REQUES

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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

ARDIG CARE CORP.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

12320 SW 249 ST.
Princeton, FL, 33032

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Omar López Medina (P)
Edoardo Bermudez (VP)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Omar Lopez MEDINA
12320 SW 249 ST
Princeton FL. 33032

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Omar Lopez MEDINA
12320 SW 249 ST
Princeton, FL. 33032.

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

_____ Date
[Handwritten Signature]
Registered Agent

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.

_____ Date
[Handwritten Signature]
Incorporator