

**P1900007956**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
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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

2019 MAR -1 PM 4: 21

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SECRETARY OF STATE  
TALLAHASSEE, FL

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**2ND REQUES**

**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:

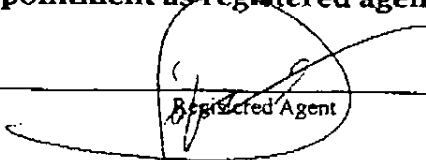
Omar Lopez MEDINA

12320 SW 249 ST

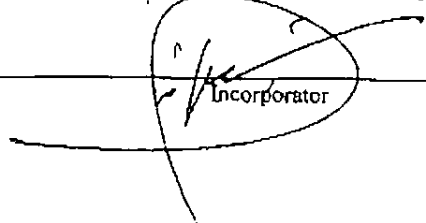
Princeton, FL. 33032.

**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  
  
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  
  
Incorporator