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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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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19 JUL 10 PM 1:32

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Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
JNK Home Care Corp

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

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N. SAMS

JUL 11 2019

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Ink Home Care Corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

3320 SW 88 PL

Miami, FL 33165

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Julian Alexander Herrera (P)

19 JUL 10 PM 1:32

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Julian Alexander Herrera

3320 SW 88 PL

Miami FL 33165

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

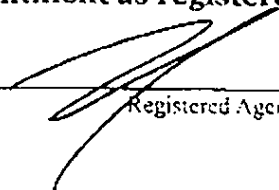
Julian Alexander Herrera

3320 SW 88 PL

Miami FL 33165

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

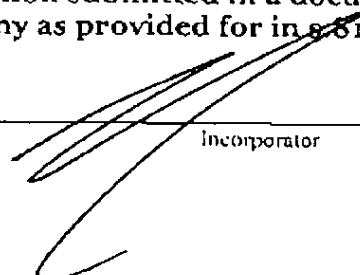


Registered Agent

7/10/19

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.



Incorporator

7/10/19

Date

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LAZARUS CORPORATE