

P19000064621**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.

((H19000244751 3)))**H190002447513ABC0**

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
COLIBRI GROUP HOME INC**

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

Electronic Filing Menu**Corporate Filing Menu****Help****N SAMS****AUG 19 2019****FILED****2019 AUG 16 PM 3:57
RECEIVED
CLERK OF COURT
JANESSA H. H. 1**

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Colibri Group Home INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

15032 SW 55 TerMIAMI, FL 33185**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**MARIA FRANCISCA PELAEZ**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

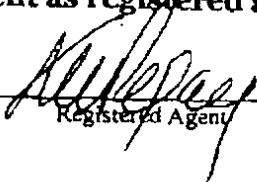
MARIA FRANCISCA PELAEZ15032 SW 55 TERMIAMI FL 33185**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:MARIA FRANCISCA PELAEZ15032 SW 55 TERRMIAMI FL 33185

2019 AUG 16 PM 3:57

FILED

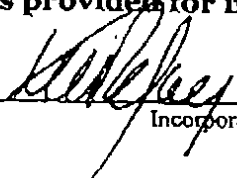
Required Signatures:

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 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.



Incorporator Date

FILED
2019 AUG 16 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FL 32399