

SEP/17/2019/TUE 11:45 AM

FAX No.

P. 001/003

9/17/2019

Division of Corporations

Florida Department of State

Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION

LA FAMILIA ADULT DAY CARE CORP

Certificate of Status	0
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Page Count	03
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FAX No.

P. 002/003

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: LA FAMILIA ADULT DAY CARE CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
1897-1899 W. FLAGLER STREET
MIAMI, FL 33135

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LEONARDO OLIVA (P/S/D)

Name and Title: _____

Address 1897-1899 W. FLAGLER STRBET
MIAMI, FL 33135

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

19 SEP 17 PM 4:36
ALLAHSSIE FLORIDA

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LEONARDO OLIVA
Address: 1897-1899 W. FLAGLER STREET
MIAMI, FL 33135

RECEIVED
DIVISION OF CORPORATION
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ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: LEONARDO OLIVA
Address: 1897-1899 W. FLAGLER STREET
MIAMI, FL 33135

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Leonardo Oliva
Required Signature Registered Agent

09/16/2019
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.

Leonardo Oliva
Required Signature Incorporator

09/16/2019
Date