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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 128000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

**Enter	the	email	address	for	this	business	entity	to be	used	for	future
an	nual	repor	t mailin	gs.	Enter	only one	enall	addres	s ple	a∷e.	**

Email	Address:			
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FLORIDA PROFIT/NON PROFIT CORPORATION AP CARE SERVICES CORP.

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

AP care services. Corp.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is
7970 SID Just miami Florida
33156.
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND OR OFFICERS:
Hisaeving ternander (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the regis ered agent is:
Migue Lina Fernandez 1970 SW 2457
7970 SW 24 57
MIAMI PZ. 33155
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Miguelina Fernander 1970 SW 24 ST.
MIAMI, FL. 33155.

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

Late

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