Florida Department of State At vision of corporations Electorie Filing Cover theet

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To:			是份
	Division of Co	rogrations	S 25
		: (850)617-6381	から
From:			1/4 223 (14) 25
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	ਸਿਨ
	Account Number		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Phone	: (305)552-5973	윤년
	Fax Number	: (305)675-5944	
ann	ual report maili	s for this business entity to be used for future ngs. Enter only one email address plea≤e.**	,
Essa	il Address:		• ‡
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F	LORIDA PRO	DEIT/NON PROFIT CORPORATION	ר

FLORIDA PROFIT/NON PROFIT CORPORATION JC HOME CARE SERVICE, INC.

Certificate of Status	0
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Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

Effective: 1-1-20

ARTICLE I NAME: The name of the corporation is:

JC HOME CARE SERVICE INC.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
3799 NW 11st
- Mani FL
33126
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
CARLOS LO PEZ (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
3799 NW 11 ST.
MIAMI FL 33126
7 111 111 1 1 2 30 1 2 0
ARTICLE VI INCORPORATOR: The name and address of the Inco: porator is:
CARLOS LOPEZ
3799 NW 11 SI.
MIAMI FL 33126

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 Eate

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 Dute