

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.

((H20000008257 3)))



H200000082573ABCY

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

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
QUALITY CARE RESTORATIONS INC**

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

1/9/20

RECEIVED

2020 JAN -8 PM 4:55

COMMERCIAL
SERVICES

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JAN -8 PM 3:06

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Quality Care Restorations Inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

910 NW 39th Avenue.

Miami FL 33126

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Paulino Gonzalez. (CP)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Paulino Gonzalez

910 NW 39th Avenue

Miami FI 3312C

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

Paulino Gonzalez

910 NW 39th Avenue

Miami FI 33176

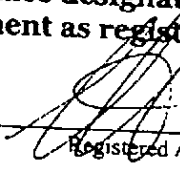
SECRETARY OF STATE
TALLAHASSEE, FL
SEP 19 1964

2020 JAN -8 PM 3:07

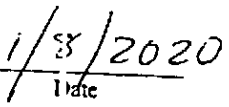
סמך

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



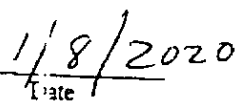
 Registered Agent


 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 § 817.155, F.S.



 Incorporator


 Date

FILED
 2020 JAN -8 PM 3:07
 SECRETARY OF STATE
 TALLAHASSEE, FL