

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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**FLORIDA PROFIT/NON PROFIT CORPORATION :
EXCELLENCE CARE PLUS + INC**

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

JAN 17 2020

T. SCOTT

2020 JAN 16 AM 10:11

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL
CLERK SERVICES

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:EXCELLENCE CARE Plus + INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

965 WEST FLAGLER ST
MIAMI FL 33130**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**LIDISLEY CASTILLO PLIVSBIT A POSTAL VP**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

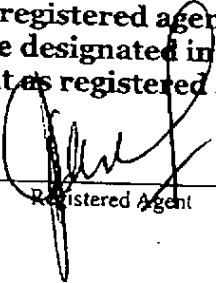
LIDISLEY CASTILLO
965 WEST FLAGLER ST
MIAMI FL 33130**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:LIDISLEY CASTILLO
965 WEST FLAGLER ST
MIAMI FL 33130

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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

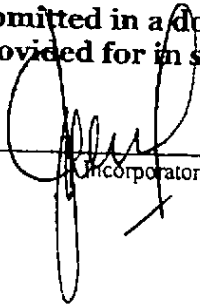


Registered Agent

01/16/20

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

01/16/20

Date

LIDISLEY CASTILLO