

P20000010841

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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****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
SKY BLUE ADULT DAY CARE INC

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

RECEIVED
2020 FEB -7 PM 2:09

FILED
2020 FEB -7 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:SKY Blue Adult Day care INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

11209 NW 6 terrace
miami FL 33172**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Yozeidy Chavez (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Yozeidy Chavez
11209 NW 6 terrace
miami FL 33172**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:YOZEIDY CHAVEZ
11289 NW 6 TERRACE
MIAMI FL 33172SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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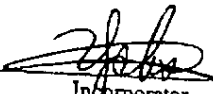
Required Signatures:

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 _____ 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 _____ Date _____