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Division of Corporations
Electronic Filing Cover Sheet

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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
PARADISE NURSING SERVICES, CORP

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

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2020 FEB 14 PM 3:20
CORPORATIONS
SERVICESO'KEEFE
FEB 17 2020

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Paradise Nursing Services, Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

10500 Sw 108 AveApt # B-103Miami, FL 33176**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Nitza A. Torres (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Nitza A. Torres10500 Sw 108 AveMiami FL 33176**ARTICLE VI INCORPORATOR:** The name and address of the incorporator is:Nitza A. Torres10500 Sw 108 AveMiami FL 33176

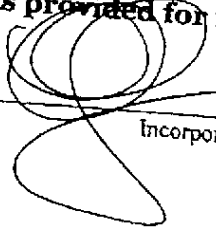
Required Signatures:

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 Agent02-14-2020
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.



Incorporator02-14-2020
Date2020
JAN 14 2020