2/24/2020 Division of Corporations

P20000067441

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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DIVISION OF CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION
AGING STAR HOME CARE BROWARD INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$70.00

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: AGING STAR HOME CARE BROWARD INC

ARTICLE II PRINCIPAL OFFICE
Principal street address

18503 Pines Blvd Suite 308-D
Pembroke Pines, FL 33029

Mailing address, if different is:

Po Box 29668
Pembroke Pine, FL 33024

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICKA VALENTIN - PRESIDENT
Address 18503 Pines Blvd Suite 308-D
Pembroke Pines, FL 33029

Name and Title:
Address

Name and Title:
Address

Name and Title:
Address

Name and Title:
Address

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MICKA VALENTIN

Address: 18503 Pines Blvd Suite 308-D
Pembroke Pines, FL 33029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICKA VALENTIN

Address: 18503 Pines Blvd Suite 308-D
Pembroke Pines, FL 33029

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Micka P. Valentin
Required Signature/Registered Agent

02/20/2020
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.

Micka P. Valentin
Required Signature/Incorporator

Date 02/20/2020