

P2000018499

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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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA PROFIT/NON PROFIT CORPORATION MATY CARE INC

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

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2020 FEB 28 PM 12:57

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:MATY CARE INC.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

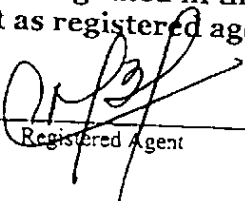
5462 SW 91 AveMIAMI FL 33165**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**LOURDES MIRANDA HERNANDEZ (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

LOURDES MIRANDA HERNANDEZ5462 SW 91 AveMIAMI FL 33165**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:LOURDES MIRANDA HERNANDEZ5462 SW 91 AveMIAMI FL 33165

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

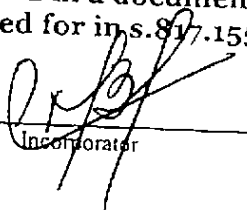


Registered Agent

2/28/20

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

2/28/20

Date

2020 FEB 28 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA