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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000099513 3)))



H200000995133ABC\$

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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
DE LA CARIDAD SUPPLY CENTER INC

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

2020 APR -2 AM 10: 26
STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

2020 APR -2 PM 2: 25
COMMERCIAL
SERVICES

Page 1/3

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

De la Caridad Supply Center INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

8950 Sw 74th Court
Suite 2201 - A121
Miami Fl 33155

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Yadian Martin Perez Fernandez (P)

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2020 APR - 2 AM 10: 26

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Yadian Martin Perez Fernandez
8950 Sw 74th Court
Suite 2201 - A121 Miami Fl 33155

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Yadian Martin Perez Fernandez
8950 Sw 74th Court
Suite 2201 - A121 Miami Fl 33155

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

[Signature] _____ Date _____
Registered Agent

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.

[Signature] _____ Date _____
Incorporator

2020 APR -2 AM 10: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Division of Corporations
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H200000995443ABCO

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

From:
 Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
 Account Number : 120000000019
 Phone : (305)552-5973
 Fax Number : (305)675-5944

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 LAZARUS CORPORATE FILING SERVICE
 2020 APR -2 AM 10:26

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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
PRECIOUS DREAMS GROUP HOME #2, INC

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

SECRETARY OF STATE
 LAZARUS CORPORATE FILING SERVICE
 2020 APR -2 PM 3:08

Sok
4/3/2020

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Precious Dreams Group Home #2, Inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

820 NW 32 Ave. Miami Fl 33125

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Xiomara Gonzalez (President)

Emily Hernandez (Vice-President)

SECRETARY OF STATE
TALLAHASSEE, FL 09177

2020 APR -2 AM 10:26

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ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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


Xiomara Gonzalez 20090 NW 83 Ct Hialeah Fl. 33015

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

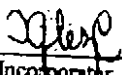
Xiomara Gonzalez 20090 NW 83 Ct Hialeah Fl. 33015

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

 04/01/2020
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.

 04/01/2020
Incorporator Date

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TALLAHASSEE, FLORIDA