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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
TRUST CARE PROVIDER CORP

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

JUL 29 2020

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2020 JUL 28 PM 1:24
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DIVISION OF CORPORATIONS
COMMERCIAL
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:TRUST CARE PROVIDER Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

18126 SW 142 CTMIAMI FL. 33177**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**GIOVANNA RESTREPO MONSALVE (P)

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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:

GIOVANNA RESTREPO MONSALVE18126 SW 142 CTMIAMI FL. 33177**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:GIOVANNA RESTREPO MONSALVE18126 SW 142 CTMIAMI FL. 33177

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

James Repton 07-22-2020
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.

James Repton 07-22-2020
Incorporator Date

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