Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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C RICC

AUG 0 1 202

**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 AL PROFESSIONAL CARE INC

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I	NAME: The name of the corporation is:
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AL Professional Care INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
- 2828 3W 18TH RT
Miam; F1 33145
ARTICLE III SHARES: The number of shares of stock is: / OO
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
- Alexi Guerrero Muetelier (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
ALEXI GUERRERO MUSTELIER
2828 5W 18th ST
MIAMI FL 33145
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
ALEXI GUERRERO MUSTELIER
2828 SW 18th ST
MIAMIFL 33145

Required Signatures:

Having been named as registers	
Having been named as registered agent to accept corporation at the place designated in this certifappointment as registered agent and	ot service of process for the -1
appointment as registered in this certification	ficate, I am familiar with and account
	agree to act in this capacity
	/ /

Registered Agent $\frac{3/31/20}{Date}$

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 third degree felony as provided for in s.817.155, F.S.

Incorporator Date