lorida Department of State

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 decument.

(((H20000270512 3)))



H200002705123ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

יז	,	•	٠

3052201440

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, : INC

Account Number : I2000000019 : (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: ALEGRO HOME HEALTH CARE AND DAY CARE CORP.

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:

SECTION OF A COMPANY AND A	
Alegzo Home Health CARE and Day CARE Con	<u>D</u> -
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
50/E 45 St History # 330/3	
ARTICLE III SHARES: The number of shares of stock is: (O	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Joanna Anciano (P)	
501 F 45 · St	
H1A60h PA 330/3	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is	
TOURNO AIRIAND	anen 1913
501 F 45 ST	enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior enterior ent
Hulana H 33012	i j
APTICLE VI INCORPORATOR: The name and address of the Incorporators:	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	1
THE HALL THE HALL AND AND THE HALL AND AND THE HALL POLATOR IS.	
JOANNA ANCIANO	
ARTICLE VI INCOMO ORATOR. The hame and address of the many polator is.	

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

8-7-2020

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

2020 AUG 10 PM 4:27