Division of Corporations Electronic Filing Cover Sheet

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	To:		
		Division of Cor	porations
		Fax Number	: (850)617-6381
	From:		
		Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.
~	ω :	Account Number	: 120000000019
 33	₹-J.,,	Phone	: (305)552-5973
· -	には近	Fax Number	: (305)675-5944
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	7 TENT		ess for this business entity to be used for future
2020 AUG 18	<u>2</u> .	annual report ma	ilings. Enter only one email address please.**
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95		Email Address:	
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FLORIDA PROFIT/NON PROFIT CORPORATION BRIGHT LIFE COMMUNITY 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)

Bright Life Community Care Corp	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is: 9145 Sw 40th St. Suite 18 Miami FL 33165	
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: Alain Alvavez (P)	20 MUC
	00 AM 60:
	-
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	
Miami FL 33165	
Alain Alvarez	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
Hain Hikrez 9145 sw 40th st. Suite 1B	
9145 sw 40th st. Suite 1B Miami 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 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 3.817.155, F.S.

Incorporator

Date