8/27/2020 Division of Corporations

P20000086061

Florida Department of State
Division of Corporations
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To:
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Account Name : USACORP INC.
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2020 SEP -1 PH 2:28

FLORIDA PROFIT/NON PROFIT CORPORATION
TOVA CARE P.A.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$70.00

Electronic Filing Menu Corporate Filing Menu Help

August 30, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

USACORP INC

,

SUBJECT: TOVA CARE P.A.
REF: W20000097681

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific business purpose of the professional association must be stated in the document.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If you have any further questions concerning your document, please call (850) 245-6052.

James Harris
Regulatory Specialist II
New Filing Section

FAX Aud. #: H20000298753
Letter Number: 820A00016633

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: TOVA CARE P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
210 172nd St., Apt 521	
Sunny Isles Beach, FL 33160	

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: General Nursing Practice

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Anna Cohen, President	Name and Title:	
Address	210 172nd St., Apt 521	Address:	
	Sunny Isles Beach, FL 33160		
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: Anna Cohen

Address: 210 172nd St., Apt 521

Sunny Isles Beach, FL 33160

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Anna Cohen

Address: 210 172nd St., Apt 521

Sunny Isles Beach, FL 33160

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

/S/ Anna Cohen — 08/27/2020

Required Signature/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.

/S/ Anna Cohen — 08/27/2020

Required Signature/Incorporator — Date