

P20000068471

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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 document.

((H20000305623 3)))



H200003056233ABCV

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

RECEIVED

2020 SEP -2 PM 3:47

FLORIDA
DIVISION OF
CORPORATIONS

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

NOT RECORDED

2020 SEP -2 PM 4:51

FILED

****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
LOVING CARE MANAGEMENT CORP.**

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

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

2020 SEP -2 PM 4:51

ARTICLE I NAME: The name of the corporation is:Loving Care Management Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

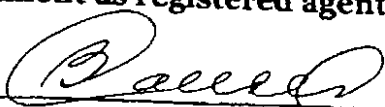
1601 N. Palm Ave. Suite 210 B.
Pembroke Pines, Florida 33026**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**President : Yaquelyn Martinez Vera.
V.P: Betsy Caceres Crespo**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Betsy Caceres Crespo
1601 N. Palm Ave Suite 210 B
Pembroke Pines, Fl. 33026**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Betsy Caceres Crespo
1601 N. Palm Ave. Suite 210 B
Pembroke Pines, Fl. 33026

Required Signatures:

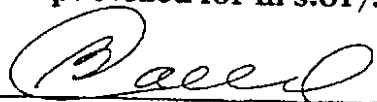
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent

09/02/2020
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.



Incorporator

09/02/2020
Date