

**Electronic Articles of Incorporation
For**

P20000071097
FILED
July 06, 2020
Sec. Of State
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DAVINCI NURSING CARE, INC.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

DAVINCI NURSING CARE, INC.

Article II

The principal place of business address:

10300 NW 20TH CT
SUNRISE, FL. US 33322

The mailing address of the corporation is:

10300 NW 20TH CT
SUNRISE, FL. US 33322

Article III

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.TO PROVIDE NURSING CARE
HOME SERVICES.

Article IV

The number of shares the corporation is authorized to issue is:

1

Article V

The name and Florida street address of the registered agent is:

KATHLEEN MARIN-SUAREZ
10300 NW 20TH CT
SUNRISE, FL. 33322

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: KATHLEEN MARIN-SUAREZ

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Article VI

The name and address of the incorporator is:

KATHLEEN MARIN-SUAREZ
10300 NW 20TH CT

SUNRISE

Electronic Signature of Incorporator: KATHLEEN MARIN-SUAREZ

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
KATHLEEN MARIN-SUAREZ
10300 NW 20TH CT
SUNRISE, FL. 33322 US

Article VIII

The effective date for this corporation shall be:

07/06/2020

P20000071097

AFFIDAVIT

I, Kathleen Marin Suarez, swear or affirm:

1. My name is Kathleen Marin Suarez and I am over the age eighteen (18) years old.
2. I was the owner of Davinci Nursing Care, Inc.
3. I have no intention of reinstating, therefore releasing the name for use to another entity.

Under penalties of perjury, I declare that I have read the foregoing Affidavit and the facts stated herein are true.

FURTHER AFFIANT SAYETH NAUGHT.

Kathleen Marin Suarez
Kathleen Marin Suarez

STATE OF FLORIDA)
COUNTY OF BROWARD)

SWORN TO AND SUBSCRIBED before me this 2 day of September, 2020, by
Kathleen Marin Suarez, [] who is personally known to me or [☒] who has produced *[Signature]*
as identification.

[Signature]
Notary Public, State of Florida at Large

My Commission No.:

My Commission
Expires:

