

07/12/2020

Division of Corporations

PA000000 79560

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : ALLSTATE MEDICAL CONSULTING, INC.
Account Number : I20110000067
Phone : (786)362-0124
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
MIRANDA CARE CENTER CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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2020 OCT 13 AM 11:25

2020 OCT 13 AM 9:12

JSC
10/14/20

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: MIRANDA CARE CENTER CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2525 N DIXIE HWY

LAKE WORTH, FL 33460

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P PARDO MIRANDA, ARLETY

Name and Title: _____

Address: 2525 N DIXIE HWY

Address: _____

LAKE WORTH, FL 33460

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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SUNBIZ
MIRANDA CARE CENTER CORP

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: PARDO MIRANDA, ARLETY
 Address: 2525 N DIXIE HWY
LAKE WORTH, FL 33460

ARTICLE VII - INCORPORATOR

The name and address of the incorporator is:

Name: PARDO MIRANDA, ARLETY
 Address: 2525 N DIXIE HWY
LAKE WORTH, FL 33460

ARTICLE VIII - EFFECTIVE DATE

Effective date, if other than the date of filing: 10/12/2020 (OPTIONAL)

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

Required Signature/Registered Agent

10/12/2020
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.

Required Signature/Incorporator

10/12/2020
Date

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08/11/2010 BY 60322/UC/STP