

**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.**

((H20000415322 3)))



H200004153223ABCT

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

**To:**

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

**\*\*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**  
**RENACER ADULT DAY CARE, INC.**

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

Electronic Filing Menu

Corporate Filing Menu

Help

*JSK*  
*12/17/20*

2020 DEC -4 PM 4:01

2020 DEC -4 PM 12:17

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

Effective Date 11/1/21

**ARTICLE I NAME:** The name of the corporation is:Renacer Adult day Care, INC.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3830 SW 104 CT MIAMI FL 33165**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**ANA MARIA Cordero (P)  
MARIBEL Cordero Chavez (VP)

2021 DEC -4 PM 12:17

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Maribel Cordero Chavez  
3830 SW 104 Ct Miami FL 33165**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Maribel Cordero Chavez  
3830 SW 104 Ct 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 s.817.155, F.S.

\_\_\_\_\_  
Incorporator\_\_\_\_\_  
Date

2021 DEC -4 PM 12:17