

2/9/2021

Division of Corporations

P21 000011372

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
ROYAL ADULT CARE, INC

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

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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:

ROYAL Adult Care, INCARTICLE II PRINCIPAL OFFICEPrincipal ~~street~~ address

Mailing address, if different is:

20135 SW 88th CT
CUTLER BAY FL 33189ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful
BUSINESS.ARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Damian HurtadoName and Title: PRESIDENT

Address

2922 SW 118th CT
MIAMI: FL 33175

Address:

Name and Title: SANDRA RODRIGUEZName and Title: Vice President

Address

2922 SW 118th CT
MIAMI: FL 33175

Address:

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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:

DAMIAN HURTADO

Address:

2922 SW 118TH CT
MIAMI, FL 33175**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

DAMIAN HURTADO

Address:

2922 SW 118TH CT
MIAMI, FL 33175**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 2/8/2021 (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 Agent2/8/2021

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/Incorporator2/8/2021

Date

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