



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.**

(((H21000093731 3)))



H210000937313ABC-

**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  
LITTLE HAVANA CARE CENTER INC**

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

RECEIVED  
2021 MAR -8 PM 4:18  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF REVENUE  
COMMERCIAL SERVICES

2021 MAR -8 AM 9:12

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

LITTLE HAVANA CARE CENTER INC

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

677 SW 1<sup>ST</sup> ST

MIAMI FL 33130

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

LIDISLEY CASTILLO (P)

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

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

LIDISLEY CASTILLO

677 SW 1<sup>ST</sup> ST

MIAMI FL 33130

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

LIDISLEY CASTILLO

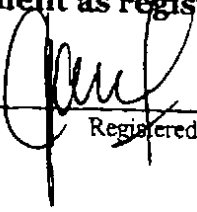
677 SW 1<sup>ST</sup> ST

MIAMI FL 33130

2021 MAR - 8 AM 9:12

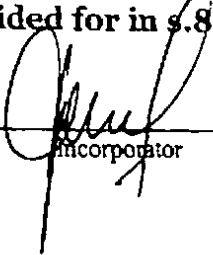
**Required Signatures:**

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

\_\_\_\_\_  
 03/08/21  
 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

\_\_\_\_\_  
 03/08/21  
 Date

2021 MAR -8 AM 9:12