Division of Corporations Electronic Filing Cover Sheet

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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

Corporate Filing Menu

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

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——————————————————————————————————————	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
677 SW 187 ST 	
- High 72 33130	
ARTICLE III SHARES: The number of shares of stock is: LOTO	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Lidisley Cashilo (P)	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ALIDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	
Lidisley Cashllo	
677 SUD 18 ST	
Hem, PL 33130	202
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	2021 HAR -8
LIDISLEY CASTILLO	A
677 SW 18 87	9.
Mam FL 33137)	<u></u>

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

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 \$.817.155, F.S.