

P2100024406

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.

((H21000110346 3)))



H210001103463ABCS

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

SEAL OF THE STATE OF FLORIDA
TALLAHASSEE, FLORIDA

21 MAR 18 PM 5:43

FILED

****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
ALL STAR HEALTH CARE CORP.**

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

RECEIVED
2021 MAR 18 PM 4:46
CORPORATIONS
COMMERCIAL
SERVICES

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

EIN: 86-2697282**ARTICLE I NAME:** The name of the corporation is:All Star Health Care Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

12910 SW 280th St Homestead FL 33032.**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Arelys Sanchez Perez (CP)SECRETARY OF STATE
TALLAHASSEE, FLORIDA

21 MAR 18 PM 5:43

FILED

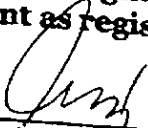
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Arelys Sanchez Perez12910 SW 280th St HomesteadFL 33032**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Arelys Sanchez Perez12910 SW 280th St HomesteadFL 33032

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

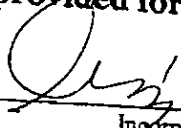


Registered Agent

Date

MAR 20 18/2021

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

MAR 20 18/2021

FILED
21 MAR 18 PM 5:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA