4/20/2021

Division of Corporations

## Florida Department of State vis. of a point Ele on Filir Love Shee

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.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ARIMIR SERVICES GROUP LLC

Account Number : I20200000022 Phone : (305)420-5722 Fax Number : (305)643-5225

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Julio 1202 @ yaHOD. COM

2021 APR 20

## FLORIDA PROFIT/NON PROFIT CORPORATION C & A HOME HEALTH AGENCY INC

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

4/2/2

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

CLE U PRI	NCIPAL OFFICE		
	al street address		Mailing address, if different is:
1250 SW 27	AVE STE 207		
MIAMI FL	33133		
CLEIII PUR	POSE		
irpose for whic	h the corporation is organized is: AN	Y AND ALL LAWFUI	BUSINESS
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## APR/20/2021/TUE 12:19 FM Arimir Services FAX No. 305-643-5225 P. 003 H 21 000 15 77 43

Name	and Title:	Name and Title:	
Adda	reşs	Address:	
ARTICI E IJI	REGISTERED AGENT		
	I Florida street address (P.O. Box NOT accept	uble) of the registered agent is:	
Name:	Julio Niebla		
Address:	1250 SW 27 AVE STE 207		
	MIAMI FL 33135		
ARTICLE VII	<u>INCORPORATOR</u>		
The name and	address of the Incorporator is:		
Name:	Julio Niebla		
Address:	1250 SW-27 AVE STE 207		
	MIAMI FL 33135	<del></del> -	
ADTICL TO LOT	I PERMINA SAN		
	I EFFECTIVE DATE: if other than the date of filing:	(OPTIONAL)	
(If an effective filing.)	date is listed, the date must be specific and	cannot be more than five days prior or 90 days aft	ter the
Note: If the dathe document's	te inserted in this block does not meet the appli effective date on the Department of State's rec	cable statutory filing requirements, this date will not ords.	be listed as
Having been na certificate, I api	med as registered agent to accept service of prod familiar with and accept the appointment as re	ess for the above stated corporation at the place designistered agent and agree to act in this capacity	nated in thi
( <del>~</del>	EW =	04-20	-202
	Required Signature/Registered Agent	Date	
submit this do locument to the	cument and affirm that the facts stated herein Department of State constitutes a third degree ;	are true. I am aware that the false information sulfelony as provided for in s.817.155, F.S.	bmitted in a
(=	DUZ	04-20	-202/
cequired Signat	Incorporator	Date	7
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