

P210001783043ABC-40112
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H21000178304 3)))



H210001783043ABC-

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To: Division of Corporations
Fax Number : (850)617-6381
From: Account Name : ULLOA & COMPANY PROFESSIONAL ASSOCIATION
Account Number : I20190000086
Phone : (305)275-1300
Fax Number : (305)275-1301

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

Email Address: daikejm@yahoo.es

RECEIVED

2021 MAY -4 PM 2:47

STATE OF FLORIDA

2021 MAY -4 AM 8:51

FLORIDA PROFIT/NON PROFIT CORPORATION
Active Nursing Care Inc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

(((H21000178304 3)))

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: Active Nursing Care Inc

ARTICLE II PRINCIPAL OFFICE

Principal **street** address is: 7621 SW 137th CT, Miami, FL 33183

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daikeylyn Jimenez, President

Address: 7621 SW 137th CT, Miami, FL 33183

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Ulloa & Company Professional Association

14050 SW 84 Street, Suite 104, Miami, FL 33183

2021 MAY -4 AM 8:51
FILED
MAY 3 2021
MAY 3 2021

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is

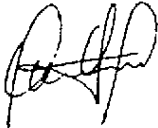
Ulloa & Company Professional Association
14050 SW 84 Street, Suite 104, Miami, FL 33183

2021 MAY -4 AM 8:51
FILED
MAY 3 2021
MAY 3 2021

ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing: 05/03/2021

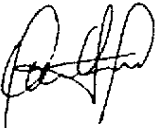
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

05/03/2021

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.



Required Signature/ Incorporator

05/03/2021