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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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**FLORIDA PROFIT/NON PROFIT CORPORATION
M.V. HOME CARE CORP**

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

LK 6/24/21

2021 JUN 23 PM 4:20

ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:M.V. Home Care Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

3675 W 11 Ave apt 301Hialeah FL 33012**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**(P)Maikel Jorge Valero Rodriguez**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Maikel Jorge Valero Rodriguez3675 W 11 Ave apt 301Hialeah FL 33012**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Maikel Jorge Valero Rodriguez3675 W 11 Ave Apt 301Hialeah FL 33012

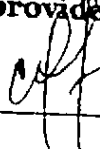
Required Signatures:

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

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

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LAZARUS