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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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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**FLORIDA PROFIT/NON PROFIT CORPORATION
DLC PROFESSIONAL CARE INC**

Certificate of Status	0
Certified Copy	1
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2021 JUL 12 PM 1:35
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I NAME: The name of the corporation is:

DLC Professional Care INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

3750 W 16 AVE Suite 132U & 132AU
HiALEAH FL 33012ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Freddy De LAS CASAS (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

FREDDY DE LAS CASAS
3750 W 16 AVE SUITE 132U & 132AU
HIALEAH FL 33012

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

FREDDY DE LAS CASAS
3750 W 16 AVE SUITE 132U & 132AU
HIALEAH 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**FILED**

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SECRETARY OF STATE
TALLAHASSEE, FL