

# P21000083106

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.**

((H21000355976 3)))



H210003559763ABC5

**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

**\*\*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 L.C.C KIDS AND SENIOR SOLUTION CORP

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

2021 SEP 22 PM 14:00

FILED  
2021 SEP 22 PM 1:13  
ALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME:** The name of the corporation is:L.C.C Kids and senior solution corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

22800 SW 197TH AVE Miami, FL 33170**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Liset Castillo Campos - P**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Liset CASTILLO CAMPOS22800 SW 197 Ave.Miami FL 33170**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:LISSET CASTILLO CAMPOS22800 S.W. 197 Ave.Miami FL 33170

2021 SEP 22 PM 1:13

FILED

CLERK OF CIRCUIT COURT  
DADE COUNTY, FLORIDA

**Required Signatures:**

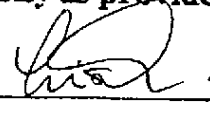
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

X 

\_\_\_\_\_  
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.

X 

\_\_\_\_\_  
Incorporator

\_\_\_\_\_  
Date