

Electronic Articles of Incorporation For

**P21000085587
FILED
September 30, 2021
Sec. Of State
mnkane**

CARE COMPLETE SERVICES, INC

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

CARE COMPLETE SERVICES, INC

Article II

The principal place of business address:

15430 COUNTY ROAD 565A
SUITE N
GROVELAND, FL. US 34736

The mailing address of the corporation is:

15430 COUNTY ROAD 565A
SUITE N
GROVELAND, FL. US 34736

Article III

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The number of shares the corporation is authorized to issue is:

1

Article V

The name and Florida street address of the registered agent is:

SHAKIRA BROWN
318 COUNTRY LAKES CIR
GROVELAND, FL. 34736

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: SHAKIRA BROWN

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Article VI

The name and address of the incorporator is:

SHAKIRA BROWN
318 COUNTRY LAKES CIR

GROVELAND, FL 34736

Electronic Signature of Incorporator: SHAKIRA BROWN

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: CEO
SHAKIRA BROWN
318 COUNTRY LAKES CIR
GROVELAND, FL. 34736 US

Article VIII

The effective date for this corporation shall be:

09/28/2021