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	Division of Corporations		1212
	Fax Number : (850)517-6381	<b>3</b>	30
From:		<u>.</u>	<u>`</u>
	Account Name : LAZARUS CORPORATE FILING SERVICE, Account Number : 120000000019	, INC.	Ľ.
	Phone : (305)552-5973		
	Fax Number : (305)675-5944	<u></u>	٦
	, ,	. · · ·	Ċ
**Ente	er the email address for this business entity to be annual report mailings. Enter only one email address	used for future	

Email Address:\_

## FLORIDA PROFIT/NON PROFIT CORPORATION GOLDENCARE 4 U HOME HEALTH AGENCY CORP

Certificate of Status	0
Certified Copy	1
Page Count	0.3
Estimated Charge	\$78.75

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:
2010iencare 4 UHome Health Agency Corp
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:  1595 Kelly Road  Blag 100, Suite 119  FORT MYEIS, FL. 33908
ARTICLE III SHARES: The number of shares of stock is: $/\partial \mathcal{D}$
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:  YE do i e Capa Soria, P  Yuse A. Vieites Celestino, VP
<u> </u>
121 OCT
Σ Σ Σ Σ Σ Σ Σ Σ Σ Σ Σ Σ Σ Σ Σ Σ Σ Σ Σ
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:  VIETHS CHOSTINO  11595 Relly Pood
100, Suite 119 Fort Myers, F1, 23908
ARTICLEVI INCORPORATOR: The name and address of the Incorporator is:
- YUSEITT. VIEITES (EIPSTINO
- 1115 95 Belly Boad
1 11 ON ( 1 11 11 11 11 11 11 11 11 11 11 11 11

## 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 10/28/2021

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 it s.817.155, F.S.

reporator