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Florida Department of State
Division of Corporations
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STATE OF FLORIDA

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11-3

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
PERSONAL VITAL CARE INC

Table with 2 columns: Item, Value. Rows include Certificate of Status (0), Certified Copy (1), Page Count (03), Estimated Charge (\$78.75).

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T. BURCH
NOV 3 2021

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: PERSONAL VITAL CARE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2300 W 84 ST SUITE 303A

HIALEAH, FL 33016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

Blank lines for additional text or signatures.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

Vertical stamp: MILWAUKEE PUBLIC LIBRARY

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YAMILA DE LA NOVAL -PRES. Name and Title:

Address: 2300 W 84 ST SUITE 303A Hialeah, FL 33016 Address:

Name and Title: LUIS CANETE - VP Name and Title:

Address: 2300 W 84 ST SUITE 303A Hialeah FL 33016 Address:

Name and Title: Name and Title:

Address: Address:

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: YAMILA DE LA NOVAL
 Address: 2300 W 84 ST SUITE 303A
Hialeah FL 33016

RECEIVED
 11/04/2021
 11:05 AM
 (10)

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: YAMILA DE LA NOVAL
 Address: 2300 W 84 ST SUITE 303A
Hialeah FL 33016

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Required Signature/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.

Required Signature/Incorporator

Date