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.

(((H21000440744 3)))



H210004407443ABC-

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 futgre! annual report mailings. Enter only one email address please.

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION **EMPATHY CARE SERVICE INC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise that the owners of

3052201440

are Service Inc of Document#

are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it.

Thank you for your help in this matter.

Thanks,

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Empathy Case Service inc	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
12982 SW 251 ST TERR	
Homestead Florida >3032.	
ARTICLE III SHARES: The number of shares of stock is: 100	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
(P) Maribel Valdes Feendades.	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered algent is: MARIBEL VALDES FERNANDEZ	
12982 SW 251 ST TERR.	
Homestead FL 33032	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
MARIBEL VALDES FERNANDEZ	
12982 SW 251 ST Terr.	
Homestead FL 33032	

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.

Date Date