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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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**FLORIDA PROFIT/NON PROFIT CORPORATION
SOLUTIONS CARE ESPINOSA INC**

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

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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION.

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Solutions CARE Espinosa INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

(D) 3939 NW 7th ST suite 203
Miami, FL 33126

Miami, FL 33126

(u) 1929 SE 23 Ter Homestead FL 33035

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

ARTICLE IV. INITIAL DIRECTORS AND/OR OFFICERS:
LEONAN DELA NUEZ ESPINOSA (P)

1970

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Leunan Dela Cruz Espinoza
1929 SE 23 ter Homestead Fl
33035

1929 SE 23 ter Homestead Fl

03025

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Leunan Dela Cruz Espinosa
1929 SE 23 ter Homestead Fl
33035

1929 SE 23 ter Homestead Fl

33035

2022 FEB 10 PM 1:40

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

Suman
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.

Suman
Incorporator

Date

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