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To:

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Fax Number : (850)617-6381

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.
Account Number : 104512000707
Phone : (305)803-2736
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ELECTRONIC FILING SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
FENIX NURSE CARE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

NAME

The name of the corporation shall be: FENIX NURSE CARE, INC.

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5085 NW 7 STREET #515
MIAMI, FL. 33126

ARTICLE III

PURPOSE

The purpose for which the corporation is organized is for 'Any and all lawful business'.

ARTICLE IV

SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated ☐ COMMON SHARES. ☐

ARTICLE V

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

EDUARDO GONZALEZ
5085 NW 7 STREET #515
MIAMI, FL. 33126

Prepared by: EDUARDO GONZALEZ
5085 NW 7 STREET #515
MIAMI, FL. 33126
786 797-7513
MILAEDU2004@YAHOO.COM

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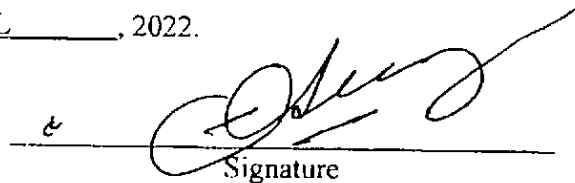
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**ARTICLE VI
INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

EDUARDO GONZALEZ
5085 NW 7 STREET #515
MIAMI, FL. 33126

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
27TH day of APRIL, 2022.


Signature

**ARTICLE VII
OFFICER(S) AND DIRECTOR(S)**

The name(s) and street address(es) of the officer(s) and director(s) to these Articles of Incorporation is(are):

MILAGROS CARRAZANA
5085 NW 7 STREET #515
MIAMI, FL. 33126

DIRECTOR & PRESIDENT

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: FENIX NURSE CARE, INC.

2. The name and address of the registered agent and office is:

EDUARDO GONZALEZ
5085 NW 7 STREET #515
MIAMI, FL. 33126

*Having been named as registered agent and to accept service of process for the above stated
corporation at the place designated in this certificate, I hereby accept the appointment as*

*registered agent and agree to act in this capacity. I further agree to comply with the provisions
of all statutes relating to the proper and complete performance of my duties, and I am familiar
with and accept the obligations of my position as registered agent.*



(SIGNATURE)

APRIL 27, 2022

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