

**P22000044354**

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP  
Account Number : I20040000031  
Phone : (800)906-9220  
Fax Number : (800)906-9880

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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CORPORATIONS  
GENERAL  
SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION  
THIS IS THE LIVING HEALTHCARE INC**

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

HL

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**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: THIS IS THE LIVING HEALTHCARE INC**ARTICLE II PRINCIPAL OFFICE**Principal street address  
500 THREE ISLANDS BLVD - UNIT 414  
HOLLANDALE BEACH, FL 33009Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: SIGALIT SHAVIT Name and Title: \_\_\_\_\_Address 500 THREE ISLANDS BLVD - UNIT 414 Address: \_\_\_\_\_  
HOLLANDALE BEACH, FL 33009 \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_  
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TALLAHASSEE, FLORIDA

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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: SIGALIT SHAVIT  
 Address: 500 THREE ISLANDS BLVD - UNIT 414  
HOLLANDALE BEACH, FL 33009

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: SIGALIT SHAVIT  
 Address: 500 THREE ISLANDS BLVD - UNIT 414  
HOLLANDALE BEACH, FL 33009

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**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*Sigalit Shavit

Required Signature/Registered Agent

06/03/2022

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.*Sigalit Shavit

Required Signature/Incorporator

06/03/2022

Date