

7/1/22, 10:39 AM

Division of Corporations

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : USACORP INC.  
Account Number : I20130000019  
Phone : (718)362-4789  
Fax Number : (718)408-2550

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Email Address: anya.tovacare@gmail.com

## FLORIDA PROFIT/NON PROFIT CORPORATION

Tova Care 18 PA

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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D. O'KEEFE

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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: Tova Care 18 PA

**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

290 174th Street, Unit 2405

Sunny Isles Beach, FL 33160

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Nurse Practitioner

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**ARTICLE IV SHARES**

The number of shares of stock is: 200

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Anna Cohen, President

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

Address 290 174th Street, Unit 2405

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

Sunny Isles Beach, FL 33160

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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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: Anna Cohen \_\_\_\_\_

Address: 290 174th Street, Unit 2405 \_\_\_\_\_

Sunny Isles Beach, FL 33160 \_\_\_\_\_

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

Name: Anna Cohen \_\_\_\_\_

Address: 290 174th Street, Unit 2405 \_\_\_\_\_

Sunny Isles Beach, FL 33160 \_\_\_\_\_

**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 business days prior or 90 business 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*/S/ Anna Cohen

7/1/2022

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.*/S/ Anna Cohen

7/1/2022

Required Signature/Incorporator

Date

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