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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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 NG NURSING SERVICES INC

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

2022 SEP 21 PM 4:47

2022 SEP 21 PM 2:33

Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:NG NURSING SERVICES INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

27367 SW 117TH PLHomestead FL 33032**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**NOELVIS GUEVARA VERGEL (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

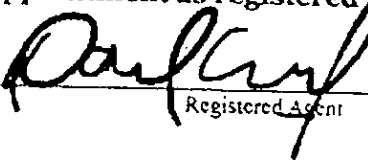
The name and Florida street address (PO Box not acceptable) of the registered agent is:

NOELVIS GUEVARA VERGEL27367 SW 117TH PLHomestead FL 33032**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:NOELVIS GUEVARA VERGEL27367 SW 117TH PLHomestead FL 33032

2022 SEP 21 PM 2:33

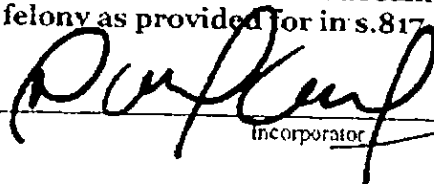
Required Signatures:

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 09/20/2022
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.



Incorporator 09/20/2022
Date

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NAME	ADDRESS	PHONE	EMAIL	STATUS
CELVIS GUEVARRA VERGEL	2736 NW 1st St	786 441 7111	celvis.guevara@gmail.com	REGISTERED
CELVIS GUEVARRA VERGEL	2736 NW 1st St	786 441 7111	celvis.guevara@gmail.com	REGISTERED