P22000073250

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000329004 3)))

H220003290043ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION

SWEET CARE HOME ALF INC

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

2022 SEP 22 PM 3:23

2022 SEP 22 AM 11:46

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Sweet Care Home, Alf Inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

Mabel Sosa
18260 SW 153 Court
Miami FL 33187

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Mabel Sosa (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

MABEL SOSA
18260 SW 153 CT.
MIAMI FL 33187

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

MabeL SOSA
18260 SW 153 CT.
MIAMI FL 33187

2022 SEP 22 AM 11:46

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

X ______________________ 9/22/22
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.

X ______________________ 9/22/22
Incorporator Date

2022 SEP 22 AM 11:46