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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone

: (305)675-5944 Fax Number

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

	Address:			
HMA1 I	ACCEPSS:			

FLORIDA PROFIT/NON PROFIT CORPORATION CARESOURCE ADVISORS, INCORPORATED

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

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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Caresource Advisors, Incorporated
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
Coral Springs, FL 33071
ARTICLE III SHARES: The number of shares of stock is:
Natali Tejeda - Piesident
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: Natali Tejeda
11823 Nw Han Place
Coral Springs, FL 33071
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: Natali Tejeda
11823 Nw 11+n Place
Coral Springs, FL 33071

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

9/29/22
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