3052201440

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.

(((H220003487563)))



H220003487563ABC4

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 : 120000000019 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 ADULT DAY CARE OF SOUTH FLORIDA, INC

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

Electronic Filing Menu Corporate Filing Menu

Help



ARTICLES OF INCORPORATION

■ In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is: Adult day care of South Florida, Inc.

ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is: 15130 NW 60TH AVENUE SUITE 100
MIAMI LAKES, FL 33014
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
(P) BRANDY GUZMAN
(1) DIMIDI GOZIVIAIV
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
15305 NW 60TH AVE SUITE
100 MIAMI LAKES, FL 33014
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: BRANDY GUZMAN
15305 NW 60TH AVE SUITE
100 MIAMI LAKES, FL 33014

Required	Signa	hirae.
TANK TOU	<u>- Stang</u>	uures:

3052201440

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

10/10/2022

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 \$817.155, F.S.

Incorporator