

10/20/22, 12:56 PM

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Division of Corporations  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
GENERAL CARE SERVICES INC

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

2022 OCT 20 PM 1:39

2022 OCT 20 AM 3:23

**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: GENERAL CARE SERVICES INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

16341 SW 145 CT

\_\_\_\_\_

MIAMI, FL 33177

\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: JOSE RAMON CHANG MORENO (P) Name and Title: \_\_\_\_\_

Address 16341 SW 145 CT Address: \_\_\_\_\_

MIAMI, FL 33177 \_\_\_\_\_

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

03.10.2022  
11:21

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: JOSE RAMON CHANG MORENO  
Address: 16341 SW 145 CT  
MIAMI, FL 33177

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOSE RAMON CHANG MORENO  
Address: 16341 SW 145 CT  
MIAMI, FL 33177

6029 W. Collins Ave  
Miami Beach, FL 33141

**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 days prior or 90 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*

*J.M.* \_\_\_\_\_ Date \_\_\_\_\_  
Jose Chang Moreno (Oct 20, 2022 12:50:00)  
Required Signature/Registered Agent

*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.*

*J.M.* \_\_\_\_\_ Date \_\_\_\_\_  
Jose Chang Moreno (Oct 20, 2022 12:50:00)  
Required Signature/Incorporator