

11/17/22, 7:33 AM

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : CESPEDES CPA, INC
Account Number : I20220000109
Phone : (786)452-4615
Fax Number : (844)773-3487

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

Email Address: manoloian2004@yahoo.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
MIJARES CARE INC**

2022 11 17 AM 8:09

Certificate of Status	0
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Page Count	03
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05:03

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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: MIJARES CARE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5770 SW 156TH CT

MIAMI FL 33193

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YAKELIN MIJARES BELTRAN/PRESIDENT Name and Title:

Address: 5770 SW 156TH CT Address:

MIAMI FL 33193

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

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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: YAKELIN MIJARES BELTRAN

Address: 5770 SW 156TH CT
MIAMI FL 33193

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: YAKELIN MIJARES BELTRAN

Address: 5770 SW 156TH CT
MIAMI FL 33193

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

_____ 11/16/2022

Required Signature/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.

_____ 11/16/2022

Required Signature/Incorporator Date

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