

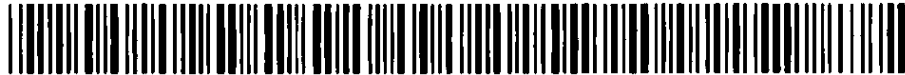
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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

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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 OFFICEPrincipal 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 AGENTThe 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 INCORPORATORThe name and address of the Incorporator is:

Name:

YAKELIN MIJARES BELTRAN

Address:

5770 SW 156TH CT

MIAMI FL 33193

ARTICLE VIII EFFECTIVE DATE

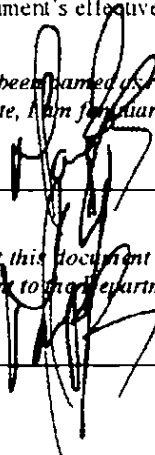
Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

X



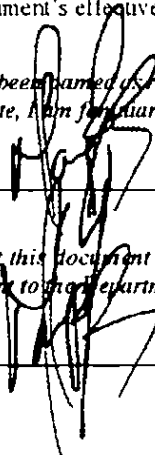
Required Signature/Registered Agent

11/16/2022

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 s.817.155, F.S.

X



Required Signature/Incorporator

11/16/2022

Date

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