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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 : (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.

Email	Address:			_
CUGAL	MUMIL COO.	 	 	

FLORIDA PROFIT/NON PROFIT CORPORATION EL RETIRO ADULT DAY CARE, CORP.

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 1 NAME; The name of the corporation is:

		El Retiro	Adult Day Care, Corp.				
		ARTICLE II	PRINCIPAL OFFICE:				
	.	The principal street	address and mailing address is:				
	1820 W Flagler St, Miami FL 33135						
ARTICI	EIII	SHARES: The nu	mber of shares of stock is:1000	! <u></u>			
	ADTICI	e IV INITIAI	L DIRECTORS AND/OR OFFIC	ERS:			
		Helen (P)	Nesses and the second s				
De	Carmen,	neter (1)	1				
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	<u></u>		•	··			
		•					
ART	<u>CLE V</u>	INITIAL REGI	STERED AGENT AND STREET	ADDRESS:			
The nat	me and Fl	orida street address	s (PO Box not acceptable) of the reg	enstered agent is			
	Del Carm	en, Helen					
	1820 W F	lagler St, Miami FL	33135	<u> </u>			
							
<u>-</u>							
ARTI	CLE VI		TOR: The name and address of the	Incorporator is			
	Del Carn	ien, Helen					
	1820 W	Flagler St, Miami Fl	L 33135	· 			
		- A		. <u></u>			
		<u></u>					

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

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.

William 04/14/2023
Incorporator Date