Division of Corporations Electronic Filing Cover Sheet

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(((H23000176479 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LIESER SKAFF ALEXANDER, PLLC

Account Number : I20150000057

Phone : (813)280-1256

Fax Number : (813)251-8715

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

Email Address: ___sbaptiste@5starcares.com_

FLORIDA PROFIT/NON PROFIT CORPORATION

Monmouth and Cumberland, Inc.

Certificate of Status	0
Certified Copy	0
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Help

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COVER LETTER

Department of State New Filing Section
Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

	(PROPOSED CORPOR	ATE NAME – MUST INCL	UDE SUFFIX)
nclosed are an or	iginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
24 \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	GHADA SKAFF - LIESER S	KAFF ALEXANDER	
FROM: _	Nam	KAFF ALEXANDER e (Printed or typed)	STORES MESSES
FROM:	Nam 403 N. HOWARD AVE.		STORETAN I
FROM:	Nam 403 N. HOWARD AVE.	e (Printed or typed)	
FROM:	Nam 403 N. HOWARD AVE. TAMPA, FL 33606	e (Printed or typed)	
FROM:	Nam 403 N. HOWARD AVE. TAMPA, FL 33606	e (Printed or typed) Address	
FROM:	Nam 403 N. HOWARD AVE. TAMPA, FL 33606 City, 813-280-1256	e (Printed or typed) Address	STORE MAY II PH 4:39 STORE MAY OF STATE TALL MASSEE, FL

NOTE: Please provide the original and one copy of the articles.

H230001764793

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ACIEN ODIN	CIDAL OFFICE	- :: 	
<u> PRINC</u>	Principal street address	,	Mailing address, if different is:
361 N. 56th St.	Timerpai <u>street</u> address	13361 N	South St.
ite E & G		Suite E &	
mpa, FL 33617		Temps, F	L 33617
TICLE III PURPO	<u> </u>		
purpose for which t	he corporation is organized is: to own	n, hold, sell, exchange ar	nd vote (i) the stock of 5 Star Cares Inc.
orida corporation, ov	wned or to be owned by the Corporation	on, (ii) the stock of North	Bay Home Health Co., a Florida
poration, owned or to	be owned by the Corporation, and (iii	i) the equity interests of	any other entity acquired or formed by
Corporation in the fu	iture, and to engage in any other lawfu	l act or activity for whic	h corporations may be incorporated
ier the Florida Busine	ss Corporation Act as it now exists or	may hereafter be amend	ed or supplemented.
e number of shares of	stock is: 100		
e number of shares of		<u> </u>	
e number of shares of	stock is: 100 L OFFICERS AND/OR DIRECTORS	-	William Holland, VP/Secretary/Treas
TICLE V INITIA	stock is: 100 L OFFICERS AND/OR DIRECTORS	Name and Title:	William Holland, VP/Secretary/Treas
e number of shares of states of stat	Stock is: 100 L OFFICERS AND/OR DIRECTORS Sam Baptiste, President 9611 Orange Jasmine Way	Name and Title:	1101 Ray Charles Blvd., Unit 1505
RTICLE V INITIA Name and Title	stock is: 100 L OFFICERS AND/OR DIRECTORS Sam Baptiste, President	Name and Title:	
RTICLE V INITIA Name and Title	Stock is: 100 L OFFICERS AND/OR DIRECTORS Sam Baptiste, President 9611 Orange Jasmine Way	Name and Title:	1101 Ray Charles Blvd., Unit 1505
Name and Title	Stock is: 100 L OFFICERS AND/OR DIRECTORS Sam Baptiste, President 9611 Orange Jasmine Way	Name and Title: Address:	1101 Ray Charles Blvd., Unit 1505
e number of shares of states of states of states of states of shares of states of states of states of shares of shar	Stock is: 100 L OFFICERS AND/OR DIRECTORS Sam Baptiste, President 9611 Orange Jasmine Way Tampa, FL 33617	Name and Title: Address: Name and Title:	1101 Ray Charles Blvd., Unit 1505 Tampa, FL 33602
e number of shares of states of states of states of states of shares of shares of states of shares of shar	L OFFICERS AND/OR DIRECTORS Sam Baptiste, President 9611 Orange Jasmine Way Tampa, FL 33617	Name and Title: Address: Name and Title:	1101 Ray Charles Blvd., Unit 1505 Tampa, FL 33602
e number of shares of states of states of states of states of shares of states of stat	Stock is: 100 L OFFICERS AND/OR DIRECTORS Sam Baptiste, President 9611 Orange Jasmine Way Tampa, FL 33617	Name and Title: Address: Name and Title:	1101 Ray Charles Blvd., Unit 1505 Tampa, FL 33602
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Name and Title:	Stock is: 100 L OFFICERS AND/OR DIRECTORS Sam Baptiste, President 9611 Orange Jasmine Way Tampa, FL 33617	Name and Title: Address: Name and Title:	1101 Ray Charles Blvd., Unit 1505 Tampa, FL 33602 2923 1101 Ray Charles Blvd., Unit 1505
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Name and Title: Address Address	Stock is: 100 L OFFICERS AND/OR DIRECTORS Sam Baptiste, President 9611 Orange Jasmine Way Tampa, FL 33617	Name and Title: Address: Name and Title: Address: Address:	1101 Ray Charles Blvd., Unit 1505 Tampa, FL 33602 2923 1101 Ray Charles Blvd., Unit 1505
Name and Title: Address Address	L OFFICERS AND/OR DIRECTORS Sam Baptiste, President 9611 Orange Jasmine Way Tampa, FL 33617	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:	1101 Ray Charles Blvd., Unit 1505 Tampa, FL 33602 2923 1101 Ray Charles Blvd., Unit 1505

To:

Fax: (850) 617-6381

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Name and	Title:	Name and Title:					
Address		Address:					
	REGISTERED AGENT Drida street address (P.O. Box NOT acceptabl	e) of the registered agent is:					
Name:	LIESER SKAFF ALEXANDER	<u> </u>					
Address:	403 N. HOWARD AVE.						
	TAMPA, FL 33606						
ARTICLE VII	NCORPORATOR	2023 17A2					
The name and add	dress of the Incorporator is:	AND					
Name:	Sam Baptiste	KAY I I PH					
Address:	9611 Orange Jasmine Way	PH PH					
	Tampa, FL 33617						
Effective date, if of (If an effective da filing.) Note: If the date if the document's effective date.	nserted in this block does not meet the applicate fective date on the Department of State's reconstruction.	nnot be more than five days prior or 90 days after the able statutory filing requirements, this date will not be listed as rds.					
Having been name certificate, I am fa	as registered agent to accept service of proce miliar with and accept the appointment as region Required Signature/Registered Agent	ss for the above stated corporation at the place designated in this stered agent and agree to act in this capacity. 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.							
Samuel Required Signature	Beptiet	Date 5 11 23					