

Electronic Filing Cover Sheet

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To:

Division of Corporations

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Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone

: (305)552-5973 : (305)675-5944

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

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## FLORIDA PROFIT/NON PROFIT CORPORATION CARE ONE HEALTH CORP

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

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE I** NAMF: The name of the corporation is:

- Care One Health Corp
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:  10240 SW 56 St, Ste 109 A, Migmi, FL 33165
ARTICLE III SHARES: The number of shares of stock is: //O
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:  Sean Andhony (1904) Figure 19 19 19 19 19 19 19 19 19 19 19 19 19
ARTICLE V INITIAL REGISTERED AGENT AND STREET AUDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:  SPAN FINING (190 FC 1004) SCU S6St, 109A  MIGHT 1 FL 33 165
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:  Sean Anthony (Spote)  10240 Sw 56 St, 109A, Migmi, FL, 33165

## 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

7/21/23

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 fellony as provided for in s.817.155, F.S.

Incorporator

7/21/23

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