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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
CARO'S HEALTH FAMILY INC

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

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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: CARO'S HEALTH FAMILY INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
515 N B ST
LAKE WORTH BEACH FL 33460

Mailing address, if different is:

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: MAYARA CARO CONCEPCION/PRESIDENT
Address: 515 N B ST
LAKE WORTH BEACH FL 33460

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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TALLAHASSEE, FL

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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: MAYARA CARO CONCEPCION

Address: 515 N B ST

LAKE WORTH BEACH FL 33460

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MAYARA CARO CONCEPCION

Address: 515 N B ST

LAKE WORTH BEACH FL 33460

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

_____ 08/22/2023

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.

_____ 08/22/2023

Required Signature/Incorporator Date

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SECRETARY OF STATE

TALLAHASSEE, FL