

8/24/23, 10:59 PM

**p230000062706**

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H23000295625 3)))



H230002956253487

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : CESPEDES CPA, INC  
Account Number : 120220000109  
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

2023 AUG 28 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE

FILED

RECEIVED

2023 AUG 28 AM 8:07

CORPORATIONS  
COMMERCIAL  
SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION  
ROSY HOME HEALTH CARE INC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

(((H23000295625 3)))

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

ARTICLE I NAMEThe name of the corporation shall be: ROSY HOME HEALTH CARE INCARTICLE II PRINCIPAL OFFICEPrincipal ~~street~~ address

Mailing address, if different is:

18346 SW 136TH CTMIAMI FL 33177ARTICLE III PURPOSEThe purpose for which the corporation is organized is: 'ANY AND ALL LAWFUL BUSINESS'ARTICLE IV SHARESThe number of shares of stock is: 500ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: ROSABEL E GARRIDO/PRESIDENT

Name and Title: \_\_\_\_\_

Address

18346 SW 136TH CT

Address: \_\_\_\_\_

MIAMI FL 33177

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

(((H23000295625 3)))

2023 AUG 28 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE FL

FILED

(((H23000295625 3)))

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: ROSABEL E GARRIDO  
 Address: 18346 SW 136TH CT  
MIAMI FL 33177

**ARTICLE VII INCORPORATOR**The name and address of the incorporator is:

Name: ROSABEL E GARRIDO  
 Address: 18346 SW 136TH CT  
MIAMI FL 33177

**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:*

Rosabel E Garrido  
 Required Signature/Registered Agent

08/25/2023

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.*

Rosabel E Garrido  
 Required Signature/Incorporator

08/25/2023

Date

(((H23000295625 3)))

2023 AUG 26 AM 11:55  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

FILED