

To:

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2023-11-01 13:59:14 CDT

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From: Mary Brooks

P23000077048

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
CareTrust Ventures, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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Corporate Filing Menu

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

ARTICLE I NAMEThe name of the corporation shall be: CareTrust Ventures, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

4212 SE Cove Lake Circle, Apt. 207Stuart, Florida 34997**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: All lawful purposes.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Michael H. Lee, Director

Name and Title: _____

Address 4212 SE Cove Lake Circle, Apt 207

Address: _____

Stuart, Florida 34997

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: Susan Windland
 Address: 4212 SE Cove Lake Circle, Apt. 207
Stuart, Florida 34997

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael H. Lee
 Address: 4212 SE Cove Lake Circle, Apt. 207
Stuart, Florida 34997

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

Susan Windland 11/01/2023
 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.

Michael H. Lee 11/01/2023
 Required Signature/Incorporator Date

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