

11/10/23, 2:59 PM

Division of Corporations

P23000079783

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

From: Account Name : USACORP INC.
Account Number : I20130000019
Phone : (718)362-4789
Fax Number : (718)408-2550

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

Email Address: Geriatriccareandvital@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
Geriatric Care and Vitals CORP.

Certificate of Status	0
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Corporate Filing Menu

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FLORIDA DEPARTMENT OF REVENUE
TALLAHASSEE, FL

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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: Geriatric Care and Vitals CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6053 Warren Ave

New Port Richey, FL 34653

Mailing address, if different is:

6053 Warren Ave

New Port Richey, FL 34653

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Mobile phlebotomy service

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Xhoze Pjetri, CEO

Address: 6053 Warren Ave

New Port Richey, FL 34653

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

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: Ahron Vogel
Address: 7064 Northwest 49th Street
Lauderhill, FL 33319

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Xhozef Pjetri
Address: 6053 Warren Ave
New Port Richey, FL 34653

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 business days prior or 90 business 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

/s/ Ahron Vogel

Required Signature/Registered Agent

11/10/2023

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.

/s/ Xhozef Pjetri

Required Signature/Incorporator

11/10/2023

Date

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