## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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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.\*\*

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## FLORIDA PROFIT/NON PROFIT CORPORATION CRUZ NURSING SERVICES, INC.

Certificate of Status	0
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Estimated Charge	\$78.75

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Cruz Nursing	g Services, Inc.	
	ARTICLE II PRINCIPAL OFFICE:	
	The principal street address and mailing address is:	
10520 <u>sw</u>	city center blvd, Apt 218	<del></del>
Pembro <u>ke</u>	pines, fl 33025	
ARTICL	E III SHARES: The number of shares of stock is: 100	
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	<u>.</u>
Danay Cruz	Machado - President	
		0/
		<u> </u>
<del></del>		9: 1:
The nam Danay <u>Cruz</u> 10520 <u>sw c</u>	CLE V INITIAL REGISTERED AGENT AND STREET ADD ne and Florida street address (PO Box not acceptable) of the registered Z Machado Sity center blvd, Apt 218 pines, fl 33025	
ARTIC	CLE VI INCORPORATOR: The name and address of the Incorp	oorator is:
Danay <u>Cruz</u>	Machado	<del></del>
10520 <u>sw ci</u>	ty center blvd. Apt 218	<del></del>
Pembroke p	pines, fl 33025	

## 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

Danay Cruz 01/04/2023

Registered Agen 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.

Danay Cruz 01/04/2023
Cheorporator Date