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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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FLORIDA PROFIT/NON PROFIT CORPORATION THE NEW START ADULT DAY CARE CORP

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION *

In compliance with Chapter 607 (Profit)

EIN: 99-1174049

ARTICLE 1 NAME: The name of the corporation is:

The NEW START AOULT DAY CARE	CORP
ARTICLE II PRINCIPAL OFFICE:	-,
The principal street address and mailing address is:	
131 N KROME AVE HOMESTEAD FL	33030
731 IN INCOME AND TOMESTERS TE	
	<u></u>
ARTICLE III SHARES: The number of shares of stock is:	6
ARTICLE IV INITIAL DIRECTORS AND/OR OFFIC	
MARIA DE LOS ANGELES DEL CAMPO	MENDEZ
(ρ)	
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	- PH
	<u> </u>
ARTICLE V INITIAL REGISTERED AGENT AND STREET	DDRESS:
The name and Florida street address (PO Box not acceptable) of the regi	is tered agent is:
MARIA DE LOS ANGELES DEL CAMP	DO MENDE
131 N KROME AVE HOMESTEAD 1	e <u> </u>
ARTICLE VI INCORPORATOR: The name and address of the I	n corporator is:
131 N KROME AVE HOMESTEAD FL	<u> 33030</u>
MARIA DE LOS ANGELES DEL CAMA	e Mende

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

Registered Agent 02/06/2024

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.