

Division of Corporations

P2400005611184

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CUSI CONSULTING, INC.
Account Number : I20230000150
Phone : (786)616-3495
Fax Number : (305)714-3014

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

Care Tech Services, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T.S.H.

2/13/24



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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: Care Tech Services, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

14611 Southern Blvd, Suite 703Loxahatchee, FL 33470**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Medical Supplies Sales**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Alberto Gallego, President

Name and Title: _____

Address 14611 Southern Blvd, Suite 703

Address: _____

Loxahatchee, FL 33470

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Alberto Gallego
Address: 14611 Southern Blvd, Suite 703
Loxahatchee, FL 33470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alberto Gallego
Address: 14611 Southern Blvd, Suite 703
Loxahatchee, FL 33470

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

Required Signature/Registered Agent
02/09/2023
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.

Required Signature/Incorporator
02/09/2023
Date

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