

**P240000032460**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000170715 3)))



H240001707153ABC.

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

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

Email Address: \_\_\_\_\_

FILED  
2024 MAY 10 AM 8:44  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION  
CARENEST NURSING INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

2024 MAY 10 PM 4:47

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
COMMERCIAL & PROFESSIONAL SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

CareNest Nursing Inc

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

10412 NW 71 Pl

Tamarac, FL 33321

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Cohn-Angermüller, Deborah L. (P)

10412 NW 71 Pl - Tamarac, FL 33321

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Deborah Cohn-Angermüller

10412 NW 71 Pl

Tamarac, FL 33321

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Deborah Cohn-Angermüller

10412 NW 71 Pl

Tamarac, FL 33321

FILED  
2024 MAY 10 AM 8:44  
TALLAHASSEE, FLORIDA

**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

Riborah L. Bohm-Angermüller

Registered Agent

4-25-24

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.

Riborah L. Bohm-Angermüller

Incorporator

4-25-24

Date

FILED  
2024 MAY 10 AM 8:44  
TALLAHASSEE, FLORIDA