

P24000044255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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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: DGD Care Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

408 NE 8 Terrace

Cape Coral, FL 33909

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all Lawful Business.

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares @ 1.00 par value per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Delilah A. Edwards, President

Name and Title: _____

Address: 408 NE 8 Terrace

Address: _____

Cape Coral, FL 33909

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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ALLA

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: Delilah A. Edwards
Address: 408 NE 8 Terrace
Cape Coral, FL 33909

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Delilah A. Edwards
Address: 408 NE 8 Terrace
Cape Coral, FL 33909

2024 APR -4 PM 10:23
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 01/22/2024 BY 60322
UCBA

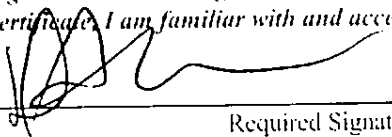
ARTICLE VIII EFFECTIVE DATE:

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

5/22/2024

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

5/22/2024

Date

P24000044255

March 18, 2024

Department of State
Division of Corporations

Clifton Building
2661 Executive Center Drive
Tallahassee, FL 32301

Reference: **DGD CARE SERVICES INC.**

Florida Document Number: **P22000030092**

Dear Department:

I, Delilah A. Edwards, am the PRESIDENT of DGD CARE SERVICES INC and it has come to my attention that my corporation **DGD Care Services Inc.**, was dissolved administratively. At this time, I would like to release the present document number **P22000077845** as the authorized president and sole shareholder of this corporation. At the same time, I am also submitting this new Articles of Incorporation that I am respectfully asking you to file on my behalf.

Thank you for your assistance in getting these matters in order.

Sincerely,



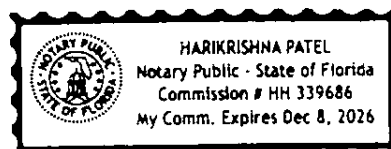
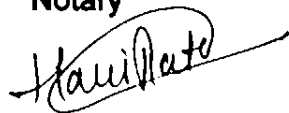
Delilah A. Edwards, President

On this 22nd day
of May
by Delilah Edwards
who has presented
as ID

2024

Drivers license

State of Florida
Lee County
Notary



2024 J. 1. 22