

Florida Department of State  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
 MIAMI BUTRAGO CARE INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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MS

**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: MIAMI BUITRAGO CARE INC**ARTICLE II PRINCIPAL OFFICE**Principal street address14255 SW 100 LN  
MIAMI, FL 33186

Mailing address, if different is:

14255 SW 100 LN  
MIAMI, FL 33186**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: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: EUGENIO HIRAM BUITRAGO SEMPER - P

Name and Title: \_\_\_\_\_

Address 14255 SW 100 LN

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

MIAMI, FL 33186

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: EUGENIO HIRAM BUITRAGO SEMPER  
Address: 14255 SW 100 LN  
MIAMI, FL 33186

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

Name: EUGENIO HIRAM BUITRAGO SEMPER  
Address: 14255 SW 100 LN  
MIAMI, FL 33186

**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*

*ES*  
Eugenio Hiram Buitrago Semper (Oct 1, 2024 16:07 EDT)

Required Signature/Registered Agent

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.*

*ES*  
Eugenio Hiram Buitrago Semper (Oct 1, 2024 16:07 EDT)

Required Signature/Incorporator

Date

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