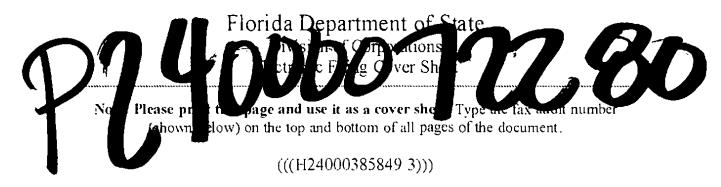
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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : WISE TAX FIRM INC.

Account Number : 120210000018 : (786)620-0001 Fax Number : (786)227-6631

\*\*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

La Dolce Vita Adult Daycare Inc II

Certificate of Status	0
Certified Copy	0
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November 26, 2024

FLORIDA DEPARTMENT OF STATE Division of Corporations

WISE TAX FIRM INC.

SUBJECT: LA DOLCE VITA ADULT DAYCARE II

REF: W24000157266

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

If you have any further questions concerning your document, please call (850) 245-6052.

Carlos E Rico Supervisor New Filing Section FAX Aud. #: H24000385849 Letter Number: 024A90025832

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P.O BOX 6327 - Tallahassee, Florida 32314

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE 1** NAME: The name of the corporation is:

La Doice Vita Adult Daycare Inc II
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
16664 SW 50th Terrace
Miami, FL 33185
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Yanely Hernandez Acosta- PRESIDENT
16664 SW 50th Terrace
Miami, FL 33185
Dario Torres Perez - VICE PRESIDENT
16664 SW 50th Terrace
Miami, FL 33185
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Yanely Hernandez Acosta
16664 SW 50th Terrace
Miami, FL 33185
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Yanely Hernandez Acosta
16664 SW 50th Terrace
Miami El 33185

## Required Signatures:

Having been named as registered agent to accept service of process for the above sta	ated
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	

Acgistered Agent 11/20/2024

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.

11/20/2024 Incorporator Date