Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.

Account Number : 104512000707 Phone : (305)803-2736 Fax Number : (305)646-1527

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Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION SC CARE, CORP.

Certificate of Status	U CONTRACTOR OF THE PROPERTY O
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Help

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: SC CARE, CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

310 SW 58 AVE MIAMI, FL 33144

ARTICLE III PURPOSE

The purpose for which the corporation is organized is for 'Any and all lawful business."

ARTICLE IV SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated EICOMMON SHARES.E.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SILVIA CONTINO 310 SW 58 AVE MIAMI, FL 33144

Prepared by: SILVIA CONTINO

310 SW 58 AVE MIAMI, FL 33144 786-227-1098

CONTINOSILVIA6@GMAIL.COM

Electronically Sent By: BUSINESS WORLD TRANSACTIONS 7951 S.W. 40 ST. (BIRD RD.) #201

MIAMI, FL. 33155 PH # (305) 267-4022

BUSINESSWORLDTRANSACTIONS@GMAIL.COM

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

	SILVIA CONTINO 310 SW 58 AVE MIAMI, FL 33144	
The undersigned incorporator(s) has(have) executed these	
8 day of	JANUARI	. 2023.
x \$2		
	Signature	
The name(s) and street address	Incorporation is(are):	irector(s) to these Articles of
SILVIA CONTINO 310 SW 58 AVE	DIRECTOR	& PRESIDENT
MIAMI, FL 33144		

X	Set	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607. FLORIDA STATUTES, THE UNDERSIGNED CORPORATION. ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: SC CARE, CORP.

SECRETARY OF SINTE FALLAHASSEE. FLORIDATION OF STATE OF S

2. The name and address of the registered agent and office is:

SILVIA CONTINO 310 SW 58 AVE MIAMI, FL 33144

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE)

JANUARY 8, 2025