da Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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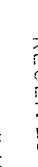
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FLORIDA PROFIT/NON PROFIT CORPORATION SHINE BRIGHT SENIOR SERVICES INC.

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

Help



ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

RTICLE II PRINC 350 NW 139th Avenu	Principal street address	Mailing address, if different is: 1850 NW 139th Avenue Pembroke Pines, FL 33028	
embroke Pines, FL 33			
RTICLE III PURPO te purpose for which thich corporations may	he corporation is organized is:	in any lawful act or activity for	
			,
RTICLE IV SHARI	<u>ES</u> 200		
e number of states of	stock is:		
RTICLE V INITIA	L OFFICERS AND/OR DIRECTORS		77.75.75.75.75.75.75.75.75.75.75.75.75.7
RTICLE V INITIA		Name and Title:	27.58 (1.5. 27.57.67.73 27.57.67.73
Name and Title	Micheile Reed- President	Name and Title:	105 116 13 PM 5: 02
Name and Title Address	Michelle Reed- President 1850 NW 139th Avenue Pembroke Pines, FL 33028	Name and Title:Address:	5.02
Name and Title Address	Michelle Reed- President 1850 NW 139th Avenue Pembroke Pines, FL 33028	Name and Title:Address:Name and Title:	7/1/5/02
Name and Title Address Name and Title	Michelle Reed- President 1850 NW 139th Avenue Pembroke Pines, FL 33028	Name and Title:Address:Name and Title:	7/1/5/02
Name and Title Address Name and Title: Address	Micheile Reed- President 1850 NW 139th Avenue Pembroke Pines, FL 33028	Name and Title: Address: Name and Title: Address:	745.02

Name and Title:		Name and Title:	
Addres		Address:	
ARTICLE VI	REGISTERED AGENT		
	Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Michelle Reed	_	
Address:	1850 NW 139th Avenue		
·	Pembroke Pines, FI. 33028		
ARTIÇI.E VII	<u>INCORPORATOR</u>		
The name and o	address of the Incorporator is:		
Name:	Michelle Reed	•	
Address:	1850 NW 139th Avenue		
•	Pembroke Pines, FL 33028	_ ,	
Effective date, is	EFFECTIVE DATE: f other than the date of filing:	. (OPTIONAL) not be more than five business days prior or 90 business	
days after the f		iot de more than tive dusiness days prior or 90 dusiness	
	e inserted in this block does not meet the applicable effective date on the Department of State's records	e stanutory filing requirements, this date will not be listed as	
	med as registered agent to accept service of proced am familiar with and accept the appointment as re	ss for the above stated corporation at the place designated in egistered agent and agree to act in this capacity	
- $ f$	Chella Long	1/3/2025	
······································	Required Signature/Registered Agent	Date	
I submit this do	cument and affirm that the facts stated herein are	e true. I am aware that the false information submitted in a	
document to the	Department of State constitutes a third degree felo	ny as provided for in s.817.155, E.S.	
	lichelle Word	1/3/2025	
Requ	ired Signature/Incorporator (Date	