

P25000002607

Florida Department of State
Division of Corporations
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Division of Corporations
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Email Address: _____

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

Certificate of Status	0
Certified Copy	0
Page Count	02
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Corporate Filing Menu

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2025 JAN 13 AM 11:45

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2025 JAN 13 PM 5:02

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Shine Bright Senior Services Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address
1850 NW 139th AvenuePembroke Pines, FL 33028

Mailing address, if different is:

1850 NW 139th AvenuePembroke Pines, FL 33028**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: to engage in any lawful act or activity for
which corporations may be organized.**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Michelle Reed- PresidentAddress: 1850 NW 139th AvenuePembroke Pines, FL 33028

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
JAN 13 2025

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: Michelle Reed
Address: 1850 NW 139th Avenue
Pembroke Pines, FL 33028

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Michelle Reed
Address: 1850 NW 139th Avenue
Pembroke Pines, FL 33028

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 business days prior or 90 business 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:

Michelle Reed
Required Signature/Registered Agent

1/3/2025

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.

Michelle Reed
Required Signature/Incorporator

1/3/2025

Date