

P2500042245

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
SOL CARE FLORIDA INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2025 JUN 25 AM 10:59

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SECRET
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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: SOL CARE FLORIDA INC

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
4300 N. UNIVERSITY DRIVE , STE D202	
LAUDERHILL, FL 33351	

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	NITHU M. NAIR - P/CEO	Name and Title:	
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Address	4300 N. UNIVERSITY DRIVE , STE D202	Address:	
	LAUDERHILL, FL 33351		

Name and Title:	GOPAKUMAR G. NAIR - T/CFO	Name and Title:	
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Address	4300 N. UNIVERSITY DRIVE , STE D202	Address:	
	LAUDERHILL, FL 33351		

Name and Title:	SNIGDHA NAIR - S	Name and Title:	
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Address	4300 N. UNIVERSITY DRIVE , STE D202	Address:	
	LAUDERHILL, FL 33351		

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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

Name: GOPAKUMAR G. NAIR
Address: 4300 N. UNIVERSITY DRIVE , STE D202
LAUDERHILL, FL 33351

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: GOPAKUMAR G. NAIR
Address: 4300 N. UNIVERSITY DRIVE , STE D202
LAUDERHILL, FL 33351

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

X *Gopakumar Nair* 07/23/2025
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.

X *Gopakumar Nair* 07/23/2025
Required Signature/Incorporator Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA