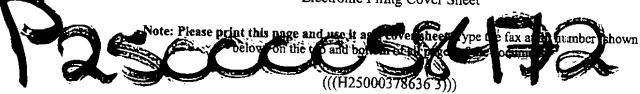
## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet





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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	
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## FLORIDA PROFIT/NON PROFIT CORPORATION MY SWEET HOME ADULT DAY CARE INC

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

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## ARTICLES OF INCORPORATION

In compliance with Chapter 60" (Profit)

ARTICLE 1 NAME: The name of the corporation is:

My Sweet Home Adult day Care
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:  16234 SW 48TH Fem  MIQMI FT 33185
11 33101
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Daniel D Delgado (P)
ANA MADER (VP)
-m c
FL FL
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:  Daniel Delgapo
16234 SW 48TH TERIZ
miami fl 33185
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
16234 SW 48 TH TERR
miami F1 33185

EIN: 39-50/7281

## Required Signatures:

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 Registered Agent 10/22/2025

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.

10/22/2025 Incorporator

FILED
2025 OCT 22 AM 3: 46
SECRETARY OF STATE