

8/22/23, 10:57 AM

**P2300006/366**

Florida Department of State

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850)617-5381

From:

Account Name : CESPEDES CPA, INC  
Account Number : 120220000109  
Phone : (786)452-4615  
Fax Number : (844)773-3487

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

Email Address: mandoloian2004@yahoo.com

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**CARO'S HEALTH FAMILY INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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NOTICE  
OF  
CERTIFICATION

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TALLAHASSEE, FL  
2023 AUG 22 PM 2:36

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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: CARO'S HEALTH FAMILY INC

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

515 N B ST

LAKE WORTH BEACH FL 33460

**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: 500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MAYARA CARO CONCEPCION/PRESIDENT

Name and Title: \_\_\_\_\_

Address: 515 N B ST  
LAKE WORTH BEACH FL 33460

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_



STATE OF FLORIDA  
TALLAHASSEE, FL

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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: MAYARA CARO CONCEPCION  
 Address: 515 N B ST  
LAKE WORTH BEACH FL 33460

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MAYARA CARO CONCEPCION  
 Address: 515 N B ST  
LAKE WORTH BEACH FL 33460

**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:

[Signature] \_\_\_\_\_ 08/22/2023  
 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.

[Signature] \_\_\_\_\_ 08/22/2023  
 Required Signature/Incorporator Date

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 SECRETARY OF STATE  
 TALLAHASSEE, FL  
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