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Fax Number : (850)617-6381

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
BLANDY COMPREHENSIVE NURSING CARE, CORP**

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 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:Blandy Comprehensive Nursing Care, Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

7487 SW 82 ST # C203  
Miami Florida 33143**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Mabelys Alfonso Blandy (P)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

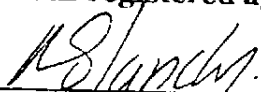
The name and Florida street address (PO Box not acceptable) of the registered agent is:

Mabelys Alfonso Blandy  
7487 SW 82 ST # C203  
Miami, FL 33143**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Mabelys Alfonso Blandy  
7487 SW 82 ST # C203  
Miami, FL 33143FILED  
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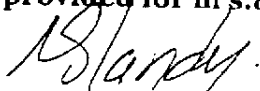
2024 JUL 16 PM 10:21

**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

\_\_\_\_\_  
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.

\_\_\_\_\_  
Incorporator\_\_\_\_\_  
Date

**E & F ACCOUNTING GROUP LLC**

**Phone:** 9543848565

**Fax:** 9543024976

**FAX**

**To:** 18506176381

**From:** DIEGO FIGUEROA

**Re:**

**Date:** 07/16/2024

1520 N Corporate Lakes Blvd, WESTON, FL 33326