

# P25000002607

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000014166 3)))



H250000141663ABCZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : RASI 5  
Account Number : I20040000031  
Phone : (800)906-9220  
Fax Number : (800)906-9880

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

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

RECEIVED  
2025 JAN 13 AM 11:45  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

FILED  
2025 JAN 13 PM 5:02  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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

**ARTICLE I NAME** Shine Bright Senior Services Inc.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address Mailing address, if different is:  
1850 NW 139th Avenue 1850 NW 139th Avenue  
Pembroke Pines, FL 33028 Pembroke Pines, FL 33028

**ARTICLE III PURPOSE** to engage in any lawful act or activity for  
The purpose for which the corporation is organized is: \_\_\_\_\_  
which corporations may be organized.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES** 200  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Michelle Reed- President Name and Title: \_\_\_\_\_  
Address: 1850 NW 139th Avenue Address: \_\_\_\_\_  
Pembroke Pines, FL 33028 \_\_\_\_\_  
\_\_\_\_\_

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

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

FILED  
2025 JAN 13 PM 5:02  
NOTARIAL PUBLIC  
STATE OF FLORIDA

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 \_\_\_\_\_ 1/3/2025  
 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.*

Michelle Reed \_\_\_\_\_ 1/3/2025  
 Required Signature/Incorporator Date