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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 : I20000000019 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:	
	-	

FLORIDA PROFIT/NON PROFIT CORPORATION STELLARCARE GROUP INC

VED	PM 3: 37	1.4 1.4 1.4 1.7 1.7
RECE	1025 FEB - 3	

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

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Corporate Filing Menu

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Stellar Care Group Inc	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
9445 SW 40th Street	
Suite107-B	
Miami, FL 33165	
ARTICLE III SHARES: The number of shares of stock is:	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Maria Cristina Rossello (P)	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	
Maria Cristina Rossello	
9445 SW yoth Street Suite 1071-18 =	
Miami, FL 33165 Suite 1071-18 &	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
Maria Cristina Rossello	
9445 Sw 40th Street Suite 107-B	
Miami, FL 33165	

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

LAZARUS CORPORATE



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

2025 JAN -3 PM 3: 10 SEQUENTIAL STATE