

# N20000010955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

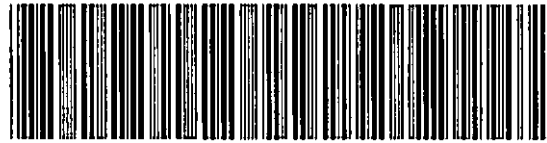
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

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N CULLIGAN  
SEP 1

**COVER LETTER**

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: RN CARE OF SPECIAL NEEDS INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00  
Filing Fee

\$78.75  
Filing Fee &  
Certificate of  
Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: LUIS A VASQUEZ  
Name (Printed or typed)

6914 LARMON STREET  
Address

TAMPA, FL 33634  
City, State & Zip

(813) 454-9337  
Daytime Telephone number

Luisbvfeol@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 17, 2020

LUIS A. VASQUEZ  
6914 A LARMON STREET  
TAMPA, FL 33634

We have received your document for RN CARE OF SPECIAL NEEDS INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

I am sending the correct form. You completed an on-line application. Onlines application are paid with a credit card.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 720A00017699

2020 OCT -1 PM 1:44

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: RN CARE OF SPECIAL NEEDS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address:

Mailing address, if different is:

6914 LARMON STREET  
TAMPA, FL 33634

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

COMMUNITY OUTREACH, CARE OF PEOPLE OF  
SPECIAL NEEDS.

CORPORATION IS ORGANIZED EXCLUSIVE FOR CHARITABLE  
RELIGIOUS, EDUCATIONAL FOR CHILDREN WITH SPECIAL NEEDS  
FOR AN ACADEMIC FORMACION, EX CARPENTAV, ETC.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

As provided for in the bylaws

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

Name and Title: Luis A. Vasquez, President Name and Title: \_\_\_\_\_

Address: 6914 LARMON STREET Address: \_\_\_\_\_  
Tampa, FL 33634

Name and Title: NATALIA A Vasquez, VP Name and Title: \_\_\_\_\_

Address: 6914 LARMON STREET Address: \_\_\_\_\_  
Tampa, FL 33634

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

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

SECRETARY OF STATE  
TALLAHASSEE, FL

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

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

\_\_\_\_\_

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: Luis A. Vasquez  
Address: 6914 Larmon ST  
Tampa, FL 33634

SECRETARY OF STATE  
TALLAHASSEE, FL

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Luis A. Vasquez  
Address: 6914 Larmon ST  
Tampa, FL 33634

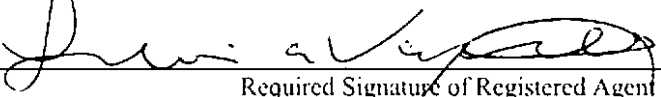
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 08/01/2020 (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*

  
Required Signature of Registered Agent

9-26-2020  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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.*

  
Required Signature of Incorporator

9-26-2020  
Date