

PR000023012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

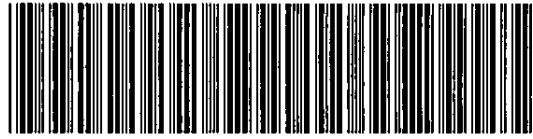
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 MAR - 7 PM 3:08
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

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

SUBJECT: KATIA MUNOZ, INC.
(PROPOSED CORPORATE NAME – **MUST INCLUDE SUFFIX**)

Enclosed are 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: KATIA MUNOZ
Name (Printed or typed)

257 SW 122ND TERRACE
Address

PEMBROKE PINES, FL 33025
City, State & Zip

786-286-7543
Daytime Telephone number

KATIA.MUNOZ@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME KATIA MUNOZ, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
257 SW 122ND TERRACE
PEMBROKE PINES, FL 33025

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
TRAVELING MEDICAL NURSE

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KATIA MUNOZ, PRES Name and Title: _____
Address: 257 SW 122ND TERRACE Address: _____
PEMBROKE PINES, FL 33025 _____

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: KATIA MUNOZ
Address: 257 SW 122ND TERRACE
PEMBROKE PINES, FL 33025

12 MAR - 7 PM 3: 08
RECEIVED
STATE
SECRETARY OF STATE

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KATIA MUNOZ
Address: 257 SW 122ND TERRACE
PEMBROKE PINES, FL 33025

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]
Required Signature/Registered Agent

03/03/12
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]
Required Signature/Incorporator

03/03/12
Date