

P16000048764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

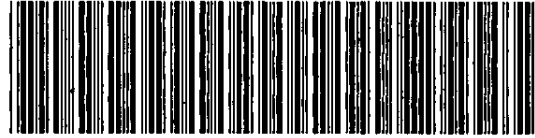
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/27/16--01010--020 **70.00

FILED
16 MAY 27 PM 1:14
STATE
FLORIDA

JUN 7 2016
S. GILBERT

COVER LETTER

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

ARNAO CARE SERVICES CORPORATION
SUBJECT: _____
(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 \$78.75
Filing Fee Filing Fee
& Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

VALENTINA ARNAO
FROM: _____
Name (Printed or typed)

5886 WEST 25 COURT

Address

HIALEAH, FL 33016

City, State & Zip

7862779453

Daytime Telephone number

valarmorales@gmail.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 ARNAO CARE SERVICES CORPORATION

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

5886 WEST 25 COURT

HIALEAH, FL 33016

16 MAY 27 PM 1:14
MAILING ADDRESS, IF DIFFERENT IS:
STATE OF FLORIDA

ARTICLE III PURPOSE

TO PROVIDE ASSISTANT NURSING SERVICES.

The purpose for which the corporation is organized is:

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VALENTINA ARNAO, PRESIDENT

Address: 5886 WEST 25 COURT
HIALEAH, FL 33016

Name and Title: VALENTINA ARNAO, VICE-PRESIDENT

Address: 5886 WEST 25 COURT
HIALEAH, FL 33016

Name and Title: VALENTINA ARNAO, TREASURER

Address: 5886 WEST 25 COURT
HIALEAH, FL 33016

Name and Title:

Address:

Name and Title:

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: VALENTINA ARNAO
Address: 5886 WEST 25 COURT
HIALEAH, FL. 33016

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: VALENTINA ARNAO
Address: 5886 WEST 25 COURT
HIALEAH, FL. 33016

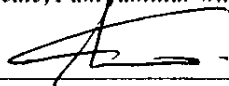
ARTICLE VIII EFFECTIVE DATE: MAY 1, 2016

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

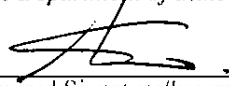
x 

Required Signature/Registered Agent

05/23/2016

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.

n 

Required Signature/Incorporator

05/23/2016

Date