

P16000049613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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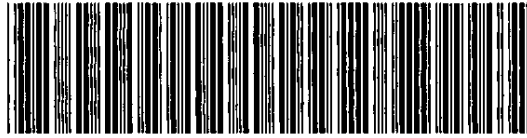
(Business Entity Name)

(Document Number)

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

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16 MAY 31 PM 1:21  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

TUA  
6/7/16

**COVER LETTER**

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

**SUBJECT:** 1000 BARBAN 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

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** MARILIN M HERNANDEZ RODRIQUEZ  
Name (Printed or typed)  
4128 TARTAN PL  
Address  
TAMPA, FL 36254  
City, State & Zip  
813 600 7365  
Daytime Telephone number  
marilinhernandez70@hotmail.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**  
The name of the corporation shall be: 1000 BARBAN INC

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address \_\_\_\_\_ Mailing address, if different is: \_\_\_\_\_  
4128 TARTAN PL \_\_\_\_\_  
TAMPA, FL 33624 \_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: \_\_\_\_\_  
THE PRIMARY AREA IS FOR HEALTH CARE AND HEALTH CARE RELATED ACTIVITIES AND SERVICES  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Name and Title: MARILIN HERNANDEZ RODRIGUEZ Name and Title: \_\_\_\_\_  
Address: 4128 TARTAN PL Address: \_\_\_\_\_  
TAMPA, FL 33628 \_\_\_\_\_  
\_\_\_\_\_

Name and Title: LORENZO L BARBAN V PRES Name and Title: \_\_\_\_\_  
Address: 4128 TARTAN PL Address: \_\_\_\_\_  
TAMPA, FL 33628 \_\_\_\_\_  
\_\_\_\_\_

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

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TALLAHASSEE 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: MARILIN HERNANDEZ RODRIGUEZ

Address: 4128 TARTAN PL

TAMPA, FL 33628

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**ARTICLE VII INCORPORATOR**

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

Name: MARILIN HERNANDEZ RODRIGUEZ

Address: 4128 TARTAN PL

TAMPA, FL 33628

**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*

\_\_\_\_\_  
Required Signature/Registered Agent

05/27/2016  
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.*

\_\_\_\_\_  
Required Signature/Incorporator

05/27/2016  
Date