

10/17/2019

# P19000078031

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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STATE OF FLORIDA  
DIVISION OF CORPORATIONS

To:  
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Account Name : FASTKIT CORP  
Account Number : I20100000009  
Phone : (305)599-0839  
Fax Number : (305)592-9591

**\*\*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  
A MI MANERA ADULT DAY CARE - HIALEAH, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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N. SAMS

OCT 18 2019

**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:

**A MI MANERA ADULT DAY CARE - HIALEAH, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

Principal street address:

851 Palm Avenue  
Hialeah, FL 33010

Mailing address, if different:

851 Palm Avenue  
Hialeah, FL 33010

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Adult day care business

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000 shares authorized, 100 shares issued and outstanding

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

Name and Title: **Celia Maria Lopez - President**  
Address **851 Palm Avenue**  
**Hialeah, FL 33010**

Name and Title:  
Address

Name and Title:  
Address

SECRETARY  
CALL ADASSET

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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agents is:

Name: Celia Maria Lopez  
Address: 851 Palm Avenue  
Hiialeah, FL 33010

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Celia Maria Lopez  
Address: 851 Palm Avenue  
Hiialeah, FL 33010

SECRETARY  
ALL AMBASSADORS

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.....  
*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*

*Celia Maria Lopez*  
Signature/Registered Agent

10/17/2019  
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.*

*Celia Maria Lopez*  
Signature/Incorporator

10/17/2019  
Date