

N11000001323

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000032497 3)))



H110000324973ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

RECEIVED FEB - 7 2011

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

****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
LITTLE FLOWER INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 FEB - 7 PM 2:15

APPROVED
AND
FILED

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

02/07/2011 15:22 3052201440

LAZARUS

FEB-07-2011 MON 02:27 PM

A

FAX No. 3058194992

APPROVED
FILED
FEB 07 2011

11 FEB -7 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H 1 1 0 0 0 0 3 2 4 9 7

**ARTICLES OF INCORPORATION
FOR**

The undersigned, acting as Incorporator (s) of a corporation pursuant to chapter 617,
Florida Statutes, adopt (s) the following Articles of Incorporation:

ARTICLE I- NAME:

The name of the corporation shall be:

LITTLE FLOWER Inc.

ARTICLE II- PRINCIPAL PLACE OF BUSINESS AND MAIL ADDRESS:

The principal and mailing address of this corporation is:

**7360 WEST 20th AVENUE
SUITE # 139 (Interior)
HIALEAH, FL. 33016**

ARTICLE III - PURPOSE (S):

The specific purpose (s) for which the corporation is organized is (are):

**TO PROVIDE ALL TYPES OF SUPPLIES AND EQUIPMENT (MEDICAL and
OTHERS), FOR DISABLE PATIENTS FROM WAIVER PROGRAM (S)**

ARTICLE IV - MANNER OF ELECTIONS OF DIRECTORS:

The manner in which the directors are elected or appointed is as follows:

H 1 1 0 0 0 0 3 2 4 9 7

FEB-07-2011 MON 02:27 PM A

FAX No. 3058194992

P.003-

H 1 1 0 0 0 0 3 2 4 9 7

ARTICLE V – LIMITATION OF CORPORATION:

The corporate powers of this corporation are as provided by the section 617.0302, Florida Statutes, unless limited as Follows:

ARTICLE VI – INITIAL REGISTERED AGENT AND STREET ADDRESS:

JOSE UJLA 7360 West 20th Ave. Suite #139 (Interior), Hialeah Fl 33016

**ARTICLE VII – DIRECTORS (must have the minimum of three directors)
NAMES AND ADDRESS:**

JOSE UJLA (President) 7360 West 20th Ave. Suite #139 (Interior), Hialeah Fl 33016

ZEOLIDA MILLAN (Vic-President) 7360 West 20th Ave. Suite #139 (Interior), Hialeah
Fl 33016


IVONNE RODRIGUEZ (Treasurer) 7360 West 20th Ave. Suite #139 (Interior), Hialeah
Fl 33016

ARTICLE VIII – INCORPORATOR:

The name and street address of the incorporator for these Articles of incorporation is:

JOSE UJLA 7360 West 20th Ave. Suite #139 (Interior), Hialeah Fl 33016

The undersigned incorporator has executed these Articles of incorporation
this 07 day of February, 2011

Signature 

H 1 1 0 0 0 0 3 2 4 9 7

02/07/2011 15:22 3052201440

LAZARUS

APPROVED 04/04
AND
FILED P:004

FEB-07-2011 MON 02:27 PM

FAX No. 3058194992

11 FEB -7 PM 2:15

H11000032497

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT / REGISTERED OFFICE

PURSUANT THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the corporation is:

LITTLE FLOWER Inc
(Must include suffix)

The name and address of the registered agent and office is:

JOSE UJLA

7360 West 20th Ave. Suite #139 (Interior), Hialeah FL 33016

Having been named as registered agent and to accept service of process for the above
stated corporation, at the place designated in this certificate, I further agree to comply
with the provisions of all states relating to the proper and complete performance of
my duties, and I am familiar with, and accept the obligations of my position as
registered agent.


Signature of Registered Agent

February 7, 2011

H11000032497