

10/17/2019

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
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/mailling address is:

Prinacpal 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

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SECRETARY
ALL AMBASSADORS

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
Hialeah, FL 33010

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

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

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/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.



Signature/Incorporator

10/17/2019.

Date