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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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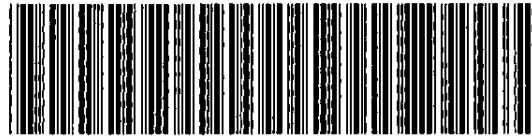
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

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TALLAHASSEE, FLORIDA

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. CHILDREN & ADULT AGING
(Corporation Name) (Document #)
2. SERVICES, INC.
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with chapter 617, F.S., (not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

CHILDREN & ADULT AGING SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

7175 SW 8 STREET SUITE 209
MIAMI, FL 33144

ARTICLE III PURPOSE

The purpose for which the corporation is organized is :

TO PROVIDE MEDICAL SERVICES TO LOW INCOME FAMILIES.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

BY THE BY LAWS

ARTICLE V INITIAL DIRECTORS AND /OR OFFICERS

List name(s), address (is) and specific title(s):

IVETTE MARTINEZ – PRESIDENT
11800 SW 18 ST., # 418
MIAMI, FL 33175

IRYS ROMAY – DIRECTOR
11800 SW 18 ST.,#418
MIAMI, FL 33175

JULIAN GARCIA –DIRECTOR
5510 SW 139 PLACE
MIAMI, FL 33175

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TALLAHASSEE, FLORIDA

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

IVETTE MARTINEZ
11800 SW 18 ST ., #418
MIAMI FL , 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is :

IVETTE MARTINEZ
11800 SW 18 ST ., #418
MIAMI , FL 33175

Upon the dissolution of this corporation / organization assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c) (3) of the Internal Revenue Code , or corresponding section of any future Federal tax code , or shall be distributed to the Federal government , or to a state or local government , for a public purpose . Any action taken under this Article is subject to the procedures and requirements of Chapter 617 of the Florida Statutes.

.....

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

09/01/08
.....
Date

.....
Signature/Incorporator

09/01/08
.....
Date