

P00000075849

TRANSMITTAL LETTER

FILED

00 AUG -7 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SUBJECT: Santa Lourdes Medical Care, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

700003348327--5  
-08/08/00--01003--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is 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: Cecilio Jacobo  
Name (Printed or typed)

5851 W 20th Avenue #413  
Address

HALEAH, FL 33012  
City, State & Zip

(305) 951-5108  
Daytime Telephone number

Anna Jacobo  
AUTHORIZED TO SIGN TO  
COMMON SHARES

OK 8/10/00  
DOC. # 111111

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:

*Santa Lourdes Medical Care, Inc.*

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*5851 W 20th Avenue #413  
Hialeah, FL 33012*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*Medical Care and Rehabilitation Services*

## ARTICLE IV SHARES

The number of shares of stock is:

*100 SHARES*

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

*Cecilio Jacobo (President) 5851 W 20th Avenue #413  
Hialeah, FL 33012*

*Olga H. Jacobo (Vice-President) 5851 W 20th Avenue #413  
Hialeah, FL 33012*

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

*CIRILO HERRERA  
3326 FLAGLER AVENUE  
Key Wt, FL 33040*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Cecilio Jacobo  
5851 W 20th Avenue #413  
Hialeah, FL 33012*

FILED  
00 AUG -7 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*\*\*\*  
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

*Cirilo Herrera*  
Signature/Registered Agent

*8-3-2000*

Date

*Cecilio Jacobo*  
Signature/Incorporator

*8-3-2000*

Date