

P01000054710

Requester's Name

Phone 954 724-8310

Company JENNIE ROSA-ROSA

Address 7310 W MCNAB RD STE 209

Dept./Floor/Suite/Room

City TAMARAC

State FL ZIP 33321

Office Use Only

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

1. _____
(Corporation Name) (Document #) 700004323417--1
-05/25/01--01056--005
*****70.00 *****70.00
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ 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

FILED
01 MAY 25 PM 12:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION
OF

ANCS OF FLORIDA, INC.

The undersigned incorporator(s), for the purposes of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.—

ARTICLE I NAME

The name of the corporation shall be:
ANCS OF FLORIDA, INC.

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TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5711 SW 199 AVE
PEMBROKE PINES, FL 33332

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at-----
any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT

The name and address of the initial registered agent is:

ISABEL CALVO
5711 SW 199 AVE
PEMBROKE PINES, FL 33332

ARTICLE V - INCORPORATORS

The names and address of the person(s) signed these Articles of Incorporation are as follows:

Name: ISABEL CALVO

Address: 5711 SW 199 AVE

City: PEMBROKE PINES State: FL Zip: 33332

Name:

Address:

City: State: Zip:

Name:

Address:

City: State: Zip:

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 21 day of December, 2000

X Isabel Calvo (Seal)

(Seal)
(Seal)

STATE OF Florida) SS
COUNTY OF Broward)

Before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared
Isabel Calvo

Known to me and known to the be person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before that She executed these Articles Of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 21 day of December, 2000

Michelle Rosa-Gonzalez
(Notary Public, State of Florida at large)

(Notary Seal)

My Commission expires: April 26, 2002



B. Officers:

President: Isabel Calvo
Address: 5711 SW 199 Ave
Pembroke Pines, Fl 33332

Vice President:
Address:

Secretary: Isabel Calvo
Address: 5711 SW 199 Ave
Pembroke Pines, Fl 33332

Treasurer:
Address:

(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

Name and Street address of Florida registered agent:

Name: Isabel Calvo
Office Address: 5711 SW 199 Ave
City: Pembroke Pines State: Fl Zip: 33332

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above state corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered agent's signature: X *Isabel Calvo*

Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department Of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

X *Isabel Calvo*

(Signature of Chairman, Vice Chairman, or any officer listed in application)

Isabel Calvo, President
(Name and capacity of person signing application)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICER

Pursuant to the provisions of section 607.0501, 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.

1. The name of the corporation is: **ANCS OF FLORIDA, INC.**
2. The name and address of the registered agent and office is:

ISABEL CALVO

(Name)

5711 SW 199 AVE

(P.O. Box NOT Acceptable)

PEMBROKE PINES, FL 33332

(City/State/Zip)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

01 MAY 25 PM 12:34

FILED

Signature: X *Isabel Calvo*

Title: **PRESIDENT**

Date: **December 21, 2000**

Having been named as registered agent and to accept service of process for the above state corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature: X *Isabel Calvo*

Date: **December 21, 2000**

REGISTERED AGENT FILING FEE: \$35.00