

TRANSMITTAL LETTER

P02000009475

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

APPROVED
AND
FILED
JAN 28 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: PRIME CARE NURSING - INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

600004831686--7
-01/28/02--01075--018
*****87.50 *****87.50

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: KIM V. LARGADO
Name (Printed or typed)

953 A E. ALTAMONTE DR.
Address

ALTAMONTE SPRINGS FL 32701
City, State & Zip

407- 830-1869
Daytime Telephone number

RECEIVED
02 JAN 28 PM 1:47
DIVISION OF CORPORATION

NOTE: Please provide the original and one copy of the articles.

[Handwritten signature]
1/28

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

APPROVED
AND
FILED

02 JAN 28 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

PRIME CARE NURSING INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

953 A E. ALTAMONTE DR
ALTAMONTE SPRINGS FL 32701

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

KIM V. LARGADO, PRESIDENT
2513 NW 36TH LN
GAINESVILLE FL 32605

ARTICLE VI REGISTERED AGENT

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

KH RICARDO G. LARGADO
953 A E. ALTAMONTE DR.
ALTAMONTE SPRINGS FL 32701

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KIM V. LARGADO
2513 NW 36TH LN
GAINESVILLE FL 32605

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

Date

Signature/Incorporator

Date