

P03000047132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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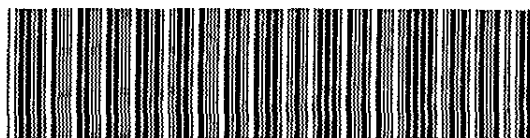
(Business Entity Name)

(Document Number)

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03 APR 28 AM 9:47  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

VI

TRANSMITTAL LETTER

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

SUBJECT: DINORAH'S NURSING SERVICES INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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:

JOAN CESAR PINEDA

Name (Printed or typed)

1111 SW 8 ST SUITE 204

Address

MIAMI, FL 33130

City, State & Zip

(305) 860-8577

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 15, 2003

JUAN CESAR PINEDA  
1111 SW 8 ST SUITE 204  
MIAMI, FL 33130

SUBJECT: DINORAH'S NURSING SERVICES, INC.  
Ref. Number: W03000010672

We have received your document for DINORAH'S NURSING SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Ingram  
Document Specialist  
New Filings Section

Letter Number: 303A00022451

**ARTICLES OF INCORPORATION**

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

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**ARTICLE I NAME**

The name of the corporation shall be:

DINORAH'S NORSING SERVICES, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1111 SW 8th Suite 204  
MIAMI, FL 33130

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

HOME HEALTH SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

JUAN CESAR PINEDA

1111 SW 8th Suite 204

MIAMI, FL 33130 (PRESIDENT)

WILFREDO VEGA, Jr

1111 SW 8th Suite 204

MIAMI, FL 33130

VICE-PRESIDENT

**ARTICLE VI REGISTERED AGENT**

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

JUAN CESAR PINEDA

1111 SW 8th Suite 204

MIAMI, FL 33130 (PRESIDENT)

WILFREDO VEGA, Jr

1111 SW 8th Suite 204

MIAMI, FL 33130

VICE-PRESIDENT

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

JUAN CESAR PINEDA

1111 SW 8th Suite 204

MIAMI, FL 33130 (PRESIDENT)

WILFREDO VEGA, Jr

1111 SW 8th Suite 204

MIAMI, FL 33130 (VICE-PRESIDENT)

\*\*\*\*\*  
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

PRESIDENT

Date

4/2/03

Signature Incorporator

VICE-PRESIDENT

Date

4/2/03