

PO3000076943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

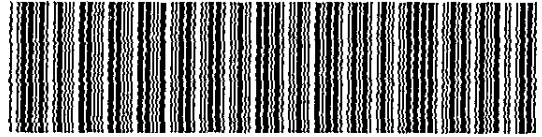
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

POm 7/14



TRANSMITTAL LETTER

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

SUBJECT: RAFAEL HEALTH 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: JOSE E. SMITH  
Name (Printed or typed)

132 MINORCA AVE  
Address

CORAL GABLES FL 33134  
City, State & Zip

(305) 441-1012  
Daytime Telephone number

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:

Rafael Health Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

132 Minorca Avenue  
Coral Gables, FL 33134

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To transact any lawful business for which corporations may be incorporated pursuant to the Florida Corporate Code.

**ARTICLE IV SHARES**

The number of shares of stock is:

10,000

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

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

**ARTICLE VI REGISTERED AGENT**

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

Jose E. Smith  
132 Minorca Avenue  
Coral Gables, FL 33134

**ARTICLE VII INCORPORATOR**

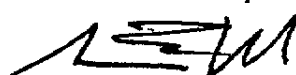
The name and address of the Incorporator is:

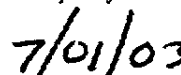
Jose E. Smith  
132 Minorca Avenue  
Coral Gables, FL 33134

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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