

Division of Corporations

Page 1 of 1

PO3000104651

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000287396 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 205-0381

From:

Account Name : ANA DALMAU ARES, P.A.  
Account Number : I20000000268  
Phone : (305) 229-8256  
Fax Number : (305) 229-8252

FLORIDA PROFIT CORPORATION OR P.A.

DULCE M. MICHELL R.N., P.A.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

FILED  
03 SEP 30 AM 8 13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Electronic Filing Menu

Corporate Filing

Public Access Help

Am 10/1

(((H030002873963)))

ARTICLES OF INCORPORATION  
OF

**Dulce M. Michell R.N., P.A.**

THE UNDERSIGNED has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

**Dulce M. Michell R.N., P.A.**

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purpose proposed to be transacted and carried on by this corporation are to do any and all of the things, as fully and to the same extent as natural persons might do, viz:

PREPARED BY: Ana D Ares P.A.  
3636 SW 87TH AVE.  
MIAMI, FL. 33165

03 SEP 30 AM 8:13  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(((H030002873963)))

Transact any and all lawful business.  
Provide Registered Nursing Services

(((H030002873963)))

- (1) Said corporation shall further have powers:  
To have perpetual succession by its corporate name,

Dulce M. Michell R.N., P.A.

#### ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of US\$10.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

#### ARTICLE V

The name and street address of the initial Registered Agent of this corporation shall be:

DULCE M. MICHELL  
953 SW 122 AVE  
MIAMI FL 33184

The principal office and mailing address shall be:

953 SW 122 AVE  
MIAMI FL 33184

(((H030002873963)))

(((H030002873963)))

ARTICLE VI

The initial Board of Directors shall be composed by One (1) person, whose name and address is:

DULCE M. MICHELL  
953 SW 122 AVE  
MIAMI FL 33184

The Shareholder of the Corporation shall be:

The name and address of the incorporator executing these Articles of Incorporation is:

DULCE M. MICHELL  
953 SW 122 AVE  
MIAMI FL 33184

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 30<sup>TH</sup> day of September 2003



Dulce M. Michell

(((H030002873963)))

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICER(((H030002873963)))

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the law of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

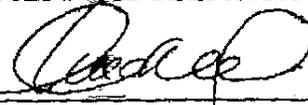
1. The Name of the Corporation is:

**Dulce M. Michell R.N., P.A.**

2. The name and address of the Registered Agent and office is:

DULCE M. MICHELL  
953 SW 122 AVE  
MIAMI FL 33184

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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 PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE:   
Dulce M. Michell

DATE: 9/30/3

FILED  
03 SEP 30 AM 8:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA