

PO4000156671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

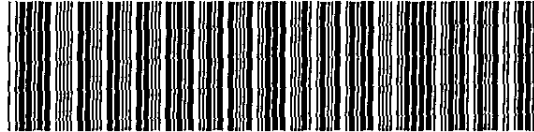
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILE
CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA
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OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

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

1. CARE OF FACILITY AGENCY CORP
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy.

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

FILED
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TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION
OF

CARE OF FACILITY AGENCY CORP

We, the undersigned, all of whom are of legal age, do hereby associate ourselves for
the propose of becoming a corporation under the laws of the State of Florida authorizing
the formation of a corporation

ARTICLE I

NAME

The name of this Corporation shall be:

CARE OF FACILITY AGENCY CORP

ARTICLE II

GENERAL NATURE OF BUSINESS

This corporation is organized for the purpose of engaging in and transacting any and
all lawful business.

ARTICLE III

The capital stock of this corporation shall be 1000 shares @ \$5.00 each, common stock.

ARTICLE IV
CAPITAL TO BEGIN BUSINESS

The amount of capital with which this corporation shall not be less than \$ 5000.00

ARTICLE V
CORPORATION EXISTENCE

This corporation shall exist perpetually unless sooner dissolved according to the law.

ARTICLE VI
PRINCIPAL PLACE OF BUSINESS

The principal place of business of said corporation shall be at:

5791 PLUNKETT STREET, SUITE 10, HOLLYWOOD, FL. 33023

With the privilege of having branch offices at other places or out
the State of Florida.

ARTICLE VII
NUMBER OF DIRECTORS

The number of Directors of the Corporation shall be two

ARTICLE VIII
DIRECTORS

The name and post office addresses of the first Board of Directors of this corporation
who shall hold office the first year or until their successors are chosen, shall be:

President	MADELINE RAMOS 888 NE 132TH STREET NORTH MIAMI FL. 33162
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Vice President	NORALYS MINO 12603 NW 7 LANE MIAMI FL. 33182
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ARTICLE IX
SUBSCRIBERS

Name	Address
NORALYS MINO	12603 NW 7 LANE MIAMI FL. 33182

ARTICLE X

This corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation, in the manner now or hereafter prescribed by statute or set out in the corporation By-Laws, so long as same does not conflict with the Florida Statutes.

The directors of this corporation shall have the power to make or amend the By-Laws and to fix any amount to be reserved for working capital.

ARTICLE XI

The officers of the corporation shall be controlled by the Board of Directors, and each resolution shall require the approval by majority vote of all directors before its adoption as a corporate act.

ARTICLE XII

The register agent of the Corporation shall be:

The register office of the Corporation shall be:


ARTICLE XIII

The name and street address of the incorporator to these Article of Corporation is:

NORALYS MINO

12603 NW 7 LANE MIAMI FL. 33182

The undersigned incorporator has executed these Article of Corporation this 10 day of Nov. 2004



A handwritten signature, appearing to be "N. Mino", is written over a horizontal line.

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provisions of section 607.0501 or 617.0501, 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:

CARE OF FACILITY AGENCY CORP

2-The name and address of the registered agent and office is:

NORALYS MINO
12603 NW 7 LANE
MIAMI FL. 33182

Having been named as registered agent and 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 of registered agent


signature

10/11/04
date

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