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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE
VISION OF COMPORATION

05 MAY 27 AN 8:57

T. Ettiplizacie WAY, S. J. France

## TRANSMITTAL LETTER

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

SUBJECT:		NURSING GROUP, COR TE NAME – <u>MUST INCL</u>		
	(I KOI OSED COKI OKA	TE MAINE - MOST INCL	ODE OUTTA	
			e management of the contract o	/
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:	
\$70.00	<b>☑</b> \$78.75	<b>□</b> \$78.75	\$87.50	
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of	
	, ee	ADDITIONAL CO	Status OPY REQUIRED	
FROM:	PRUDENCIO CAMPOS  Name (Printed or typed)			
	Hame	e (Ffinica of typea)		<u> </u>
	8300 SW	8th ST. SUITE 303		05 MAY 27
		Address		ZX ON
		-		27 P
	MIA	MI, FL 33144	<u> </u>	<b>→</b> 32
	City	, State & Zip		<b>3</b> (2)
	วกะ	5-266-3121		MH 8:57
	and the second s	Telephone number		Or.

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:

SOUTH FLORIDA NURSING GROUP, CORP.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 8300 SW 8th ST. SUITE 303 MIAMI, FL 33144

#### 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: 20

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

PRUDENCIO CAMPOS (PRESIDENT) 19370 COLLINS AVE. #1508 SUNNY ISLES BEACH, FL 33160

DANIEL J. GAYTAN (VICE-PRESIDENT) 1510 SW 149th AVE. MIAMI, FL 33194

# ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:

PRUDENCIO CAMPOS 19370 COLLINS AVE. #1508 SUNNY ISLES BEACH, FL 33160

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PRUDENCIO CAMPOS 19370 COLLINS AVE. #1508 SUNNY ISLES BEACH, FL 33160

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

Signature/Incorporator

5/19/05

Date

05 MAY 27 AH B: 57