

P05000084727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

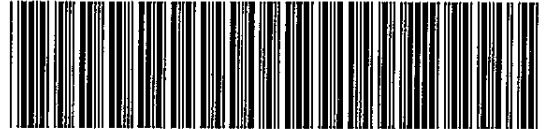
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUN 13 PM 3:36

W05-27953

TRANSMITTAL LETTER

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

SUBJECT: *A.d.F.*
Guadalupe Home Care Center
(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: *Mario Felix Martinez*
Name (Printed or typed)

215 N.W. 105 St
Address

Miami Florida 33168
City, State & Zip

Home 305-688-5651 Cell 305-244-3849
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 6, 2005

MARRIO FELIX MARTINEZ
215 NW 125 ST
MIAMI, FL 33168

SUBJECT: GUADALUPE HOME CARE CENTER
Ref. Number: W05000027953

We have received your document for GUADALUPE HOME CARE CENTER and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

What is A.L.F.? Please remove this from article I. In article I please list only the corporate name.

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) 245-6931.

Becky McKnight
Document Specialist
New Filings Section

Letter Number: 005A00039738

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:

Guadalupe Home Care Center Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

215 N.W. 125 St Miami Florida 33168

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A. d. F. All Living Facility

ARTICLE IV SHARES

The number of shares of stock is:

6

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Lydia Esther Martinez

ARTICLE VI REGISTERED AGENT

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

*Mario Felix Martinez
215 N.W. 125 St Miami Florida 33168*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mario F. Martinez and Lydia E. Martinez

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

Mario F. Martinez
Signature/Registered Agent

6/9/2005
Date

Lydia E. Martinez
Signature/Incorporator

6/9/2005
Date

FILED
SECRETARY OF STATE
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