

POS000094686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400056686414

07/05/05--01018--038 **87.50

FILED
2005 JUL -5 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Hampton JUL 06 2005

TRANSMITTAL LETTER

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

SUBJECT: Hernandez First Care, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Barbara Clara Hernandez

Name (Printed or typed)

301 NorthWest 109 Avenue, Apartment # 101

Address

Miami, FL 33172

City, State & Zip

786-286-1625

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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

Hernandez First Care, INC

2005 JUL -5 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

301 NorthWest 109 Avenue, Apartment # 101, Miami, Florida 33172

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide Home Care for individuals who can't take care of them-self

ARTICLE IV SHARES

The number of shares of stock is:

1000 / \$0.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Barbara Clara Hernandez, 301 NorthWest 109 Ave, Apartment # 101, Miami, Florida 33172 - President

Carlos Hernandez, 301 NorthWest 109 Ave, Apartment # 101, Miami, Florida 33172 - Vice President

ARTICLE VI REGISTERED AGENT

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

Barbara Clara Hernandez, 301 NorthWest 109 Ave, Apartment # 101, Miami, Florida 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carlos Hernandez, 301 NorthWest 109 Ave, Apartment # 101, Miami, Florida 33172

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

6/28/05

Date



Signature/Incorporator

6/28/05

Date