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CORPORATE FILING SERVICE 3320 SW 87<sup>TH</sup> AVENUE MIAMI, FL 33165 305-552-5973 Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Corporation Name) (Document #) (Document #) (Corporation Name) Certified Copy Pick up time 2 100 Walk in Certificate of Status Photocopy Mail out Will wait **NEW FILINGS AMENDMENTS** Profit Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATION **OTHER FILINGS** Foreign Annual Report ☐ Fictitious Name Limited Partnership Reinstatement Trademark Other Examiner's Initials

CR2E031(7/97)

#### ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### **ARTICLE I - NAME**

The name of the corporation shall be:

1ST ACTION NURSING CORP.



The principal place of business and mailing of this corporation shall be:

1965 INW 58 AVE Minmi FL 33015

### **ARTICLE III - SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

# ARTICLES IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

OSUALDO PEREZ 19651 NW 58 AVE MiAMI FL 33015

#### ARTICLE V - INCORPORATOR

The undersigned incorporator has executed these Articles of Incorporation this day of 2006.	The name and street Incorporation is: POSVAIDD POSINW SINW SINW SINMI FR	erez	·	ator to these	Articles of
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### **ARTICLE VI- DIRECTOR (S)**

Signature

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

(SUA IDO PEYEZ (P)

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate; I capacity accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and lam familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

ED