

PD6000136030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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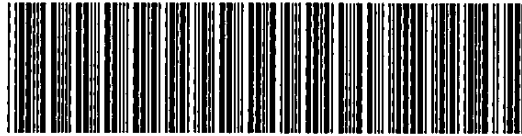
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
10/26

COVER LETTER

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

SUBJECT: Amucorp 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
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: Hector Descamps

Name (Printed or typed)

5385 NW 112 Court

Address

Miami, Florida 33178

City, State & Zip

(786)291-1801

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)

ARTICLE I NAME

The name of the corporation shall be:

Amucorp Inc.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5385 NW 112 Court
Doral, Florida 33178

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Ambulatory medical and nursing services. Home Health and Rehabilitative Services.

ARTICLE IV SHARES

The number of shares of stock is:

One hundred (100) of one class of common stock having a par value of ten dollars (\$ 10.00) per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Hector Descamps. President.
Omaira C. Rivero-Descamps. Secretary.

ARTICLE VI REGISTERED AGENT

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

Hector Descamps
5385 NW 112 Court
Doral, Florida 33178

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Omaira C. Rivero-Descamps
5385 NW 112 Court
Doral, Florida 33178

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

10/23/2006

Date

10/23/2006

Date