

POL000136550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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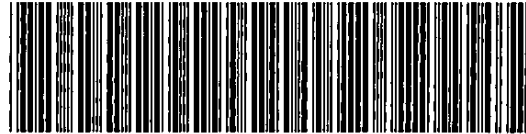
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pa

COVER LETTER

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

SUBJECT: RICOVIC SERVICES, CORP.

(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: ALFONSO CARDOSO

Name (Printed or typed)

5035 PALM AVE

Address

HIALEAH, FL 33012

City, State & Zip

305-822-0669

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:

RICOVIC SERVICES, CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2719 SE 15th RD. HOMESTEAD, FL 33035

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MEDICAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LAZARO F. RICO. 2719 SE 15th RD. HOMESTEAD, FL 33035. PRESIDENT

YANLY B. VICTORIA. 2719 SE 15th RD. HOMESTEAD, FL 33035. VICE-PRESIDENT

ARTICLE VI REGISTERED AGENT

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

ALFONSO CARDOSO. 5035 PALM AVE. HIALEAH, FL 33012.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ALFONSO CARDOSO. 5035 PALM AVE. HIALEAH, FL 33012.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA