

PD7000004/20

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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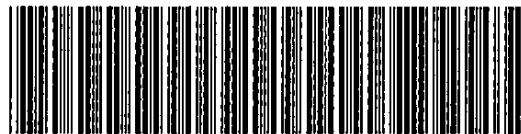
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MRS
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FILED
07 JAN -9 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Morffi & Morffi Corporation
(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: Marielsa Morffi
Name (Printed or typed)

798 NW 134 Ave.
Address

Miami, Florida, 33142
City, State & Zip

(305) 505-1931
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:

Morffi & Morffi Corporation.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

798 nw 134 Ave. Miami, Florida, 33182.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Nursing Home Care Services.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Marielsa Morffi. President.

ARTICLE VI REGISTERED AGENT

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

Marielsa Morffi.

798 nw 134 Ave. Miami, Florida, 33182.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Marielsa Morffi

798 nw 134 Ave. Miami, Florida, 33182.

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

01/03/2007

Date

Signature/Incorporator *Marielsa Morffi*

01/03/2007

Date