

P 07000015776

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

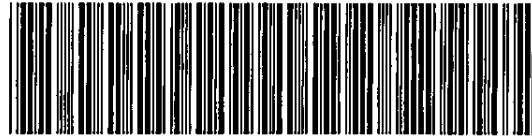
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2007 FEB -5 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch FEB 5 2007

COVER LETTER

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

SUBJECT: Health Care

(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: Juan M. Fuentes

Name (Printed or typed)

8324 NW 7th ST Apt. 117 Miami FL 33126

Address

Miami FL 33126

City, State & Zip

786-231-8274

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2007

JUAN M. FUENTES
8324 NW 7TH ST APT 117
MIAMI, FL 33126

SUBJECT: FUENTES CARE SOLUTIONS, INC.
Ref. Number: W07000003344

We have received your document for FUENTES CARE SOLUTIONS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please put the name of the registered agent in article VI.

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Document Specialist
New Filing Section

Letter Number: 407A00004926

RECEIVED
07 FEB -5 PM 3:24
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

Fuentes Care Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8324 NW 7th ST Apt. 117 Miami FL 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Health Care

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):

President: Juan M. Fuentes

Vice-president: Mabel A. Perez

ARTICLE VI REGISTERED AGENT

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

Juan M. Fuentes

8324 NW 7th ST Apt. 117 Miami FL 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ricardo Ricardo

13761 SW 157 Terrace. Miami FL 33177


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

01/26/07

Date



Signature/Incorporator

01/26/07

Date

FILED

2007 FEB -5 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA