

P07000036916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

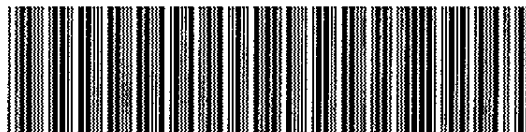
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 MAR 23 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAR 23 2007

W07-12728

COVER LETTER

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

SUBJECT: CRISHEALTH CARE 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: Mercedes F Alvarez

Name (Printed or typed)

9000 W Flagler St Unit # 2

Address

Miami, FL 33174

City, State & Zip

305-225-7731

Daytime Telephone number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

CRISHEALTH CARE CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5470 NW 107 AVE # 816
MIAMI, FL 33178

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDED HEALTH SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES: 1.00 PER VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PRESIDENT
PENELOPE A. ZAITER
5470 NW 107 AVE # 816
MIAMI, FL 33178

ARTICLE VI REGISTERED AGENT

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

MERCEDES F. ALVAREZ
9000 WEST FLAGLER ST UNIT # 2
MIAMI, FL 33174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PENELOPE A. ZAITER
5470 NW 107 AVE # 816
MIAMI, FL 33178

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TALLAHASSEE, FLORIDA

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

03/16/2007

Date

X 

Signature/Incorporator

03/16/2007

Date