P07000036916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

700092245707

03/14/07--01013--002 **70.00

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

J. Shivers MAR 23 2007

W07-127128

# 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**

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

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

**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/mailing 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

FILED
07 MAR 23 PM 12:19
SECRETARY OF STATE
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 — Date: 03/16/2007

X Signature/Incorporator — Date: 03/16/2007