

PO7000046258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

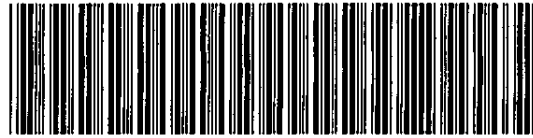
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/13/07--01010--005 \*\*78.75

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07 MAR 13 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

State of Florida  
Dept of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Sirs:

Find attached an application for Registration of Corporation of: **MAILEN CAMACHO P.A.**  
Find enclosed payment to the order of FLORIDA DEPT. OF STATE of:

Filing Fees	\$ 35.00
Registered Agent Designation	\$ 35.00
Certified Copy	\$ 8.75
TOTAL	\$ 78.75

Please remit the Certified Copy to the address of record.

Thank You

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## **ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Partially)  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### **ARTICLE I NAME**

The name of the corporation shall be:  
**MAILEN CAMACHO P.A.**

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:  
**6705 N.W. 169 ST. SUITE C; MIAMI, FL 33015**

### **ARTICLE III PURPOSE**

The purpose or nature for which the corporation is organized is to engage licensed Home Health Care and activities for which corporations may be organized under the General Corporation Law of the State of Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is: **100**

### **ARTICLE V INITIAL OFFICERS/DIRECTORS**

The name(s) and address(es):  
**MAILEN CAMACHO (PRESIDENT)**  
**6705 N.W. 169 ST. SUITE C; MIAMI, FL 33015**

### **ARTICLE VI TERM OF EXISTENCE**

This corporation will exist perpetually

### **ARTICLE VI REGISTERED AGENT**

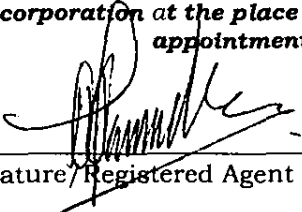
The name and Florida street address of the registered agent is:  
**MAILEN CAMACHO ; 6705 N.W. 169 ST. SUITE C; MIAMI, FL 33015**

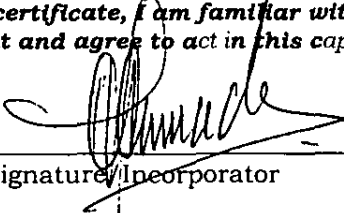
### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
**MAILEN CAMACHO ; 6705 N.W. 169 ST. SUITE C; MIAMI, FL 33015**

\*\*\*\*\*

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

 **4/10/07**  
Signature/Registered Agent Date

 **4/10/07**  
Signature/Incorporator Date