

P07000049960

(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



700097931947

04/25/07--01032--025 **87.50

FILED

2007 APR 25 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch APR 25 2007

COVER LETTER

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

SUBJECT: AltruCare, Inc.
(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: Adrian Gairza
Name (Printed or typed)

1456 SW 155 COURT
Address

Miami, FL, 33178
City, State & Zip

(786) 677-6508
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:

Altrocure, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1456 SW 155 COURT Miami Florida 33194

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Ambulatory medical and nursing services. Home Health and Rehabilitative Services.

ARTICLE IV SHARES

The number of shares of stock is:

One hundred (100) of one class of common stock having a par value of Ten dollars (\$10.00) per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

- Adrian Gainza. President.*
- Yelaine Gainza. Secretary.*

ARTICLE VI REGISTERED AGENT

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

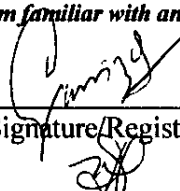
*Adrian Gainza
1456 SW 155 COURT
Miami, Florida 33194.*

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

*Adrian Gainza
1456 SW 155 COURT
Miami, Florida 33194*

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



Signature/Incorporator

4/22/07

Date

4/22/07

Date

FILED
2007 APR 25 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA