

PD7000057696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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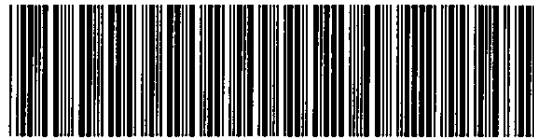
(Business Entity Name)

(Document Number)

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2007 MAY 14 P 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. WHITE MAY 15 2007

TRANSMITTAL LETTER

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

SUBJECT: TU-KAILA LOVING CARE, INC.

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM:

Jorge Torrales
Name (printed or typed)
5033 SW 139 Terrace
Address
Miramar, FL 33027
City, State & Zip
305-829-2552
Daytime Telephone number

ARTICLES OF INCORPORATION

OF

TU-KAILA LOVING CARE, INC.

A FLORIDA FOR PROFIT CORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In compliance with Chapter 607 and/or Chapter 621, F.S.

ARTICLE I : NAME

The name of the corporation shall be: TU-KAILA LOVING CARE, INC.

ARTICLE II : PRINCIPAL OFFICE

The principal place of business/mailing address is:

1452 N Krome Ave, Suite 103A, Florida City, FL 33034

ARTICLE III : PURPOSE

The purpose for which the organization is organized is to create a health care agency that will provide for the nursing care needs of individuals within the community.

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):

Lillian Y Mends – President
1201 NE 40 Road
Homestead, FL 33033

Jonathan E Mends – Vice President/Treasurer
1201 NE 40 Road
Homestead, FL 33033

Jennifer S Irizarry – Secretary
1981 NW 190th Avenue
Pembroke Pines, FL 33029

ARTICLE VI : REGISTERED AGENT

The name and address of the registered agent:

Lillian Y Mends
1201 NE 40 Road
Homestead, FL 33033

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TALLAHASSEE, FLORIDA

ARTICLE VII : INCORPORATOR

The name and address of the incorporator is:

Lillian Y Mends
1201 NE 40 Road
Homestead, FL 33033

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

Lillian Y. Mends, RA
Signature/Registered Agent

5/3/07
Date

Lillian Y. Mends RA
Signature/Incorporator

5/3/07
Date

LILLIAN Y. MENDES