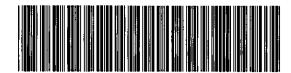
# 187888886969346

(Requestor's Name)
(requestors realite)
(Address)
(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:
opposition to thing chies.
·

Office Use Only



800103896688



TO ACKNOWLEDGE SUFFICIENCY OF FILING MECEINED

DEPARTMENT OF STATE

OF CONTROL

Les San



# FLORIDA DEPARTMENT OF STATE Division of Corporations

DIVISION OF CORPORATIONS

2007 JUN 13

AM 11: 35

SUFFICIENCY OF FILLING

June 12, 2007

**LAZARUS** 

SUBJECT: ANGEL'S NURSING SERVICES CORP.

Ref. Number: W07000027866

We have received your document for ANGEL'S NURSING SERVICES CORP.... and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

# Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham Document Specialist New Filing Section

Letter Number: 407A00039545

# LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

CR2E031(7/97)

MIAMI, FL 33165 (305) 552-5973 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Walk in Rick up time ☐ Mail out Will wait Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** -Profit Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent **Domestication** Dissolution/Withdrawal Other Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION **Annual Report** Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

**Examiner's Initials** 



# ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

Angel's Nursing CORP.

**ARTICLE II - PRINCIPAL OFFICE** 

The principal place of business and mailing of this corporation shall be:

16171 S.W. 151St. Terr. Hiami, Florida 33196

# **ARTICLE III -SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Lilly A. Alvarez 16/1/ S.W. 15/5t. Terr. Miami, Fl. 33/96

### **ARTICLE V - INCORPORATOR**

Incorporation is:
Lilly A. ALvarez, T
16171 S.W. 151 St. Terr.
Lilly A. Alvarez 161715.W 151 St. Terr. Miami, Fl. 33196
The undersigned incorporator has executed these Articles of
Incorporation this $g$ day of $J_{\mu}N_{c} = 2007$
Asures.
Signature
Signature )
ARTICLE VI- DIRECTOR(S)
The name(s) and street address (es) of the director(s) to these Articles of
Incorporation is (are):  Lilly A. Alvarez - President  16/7/5.W. 15/5t. Terr.
Lilly H. Hills
15/5t. lev.
16/11 5.00. 101
Miami, Fl. 33196

The name and street address of the incorporator to these Articles of

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature