

WC 10-9-87
~~WC 44412~~
~~WC 44562~~
 WC

COVER LETTER

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

SUBJECT: RaFael Health Care 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: RaFael Carballo
Name (Printed or typed)

2415 nw 16 street Road 208
Address

Miami FL 33125
City, State & Zip

1954 651-7147
Daytime Telephone number

786 3019084

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2007

RAFAEL CARBALLO
2415 NW 16TH RD. #208
MIAMI, FL 33125

SUBJECT: RAFAEL HEALTH CARE INC.
Ref. Number: W07000046412

We have received your document for RAFAEL HEALTH CARE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please list the name of the corporation you wish to incorporate in article I.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The registered agent must sign accepting the designation.

Please return the corrected 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: 707A00055253

RECEIVED
07 OCT -4 AM 10:51
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

Rafael Health Care Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2415 NW 16 Street Road # 208
Miami FL 33125

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide Health Care

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):

Rafael Carballo
2415 NW 16 St Road 208
Miami FL 33125

ARTICLE VI REGISTERED AGENT

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

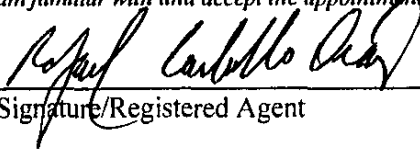
Rafael Carballo
2415 NW 16 St Road 208
Miami FL 33125

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Rafael Carballo
2415 NW 16 Street Road 208
Miami FL 33125

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

10/21/07

Date

Signature/Incorporator

Date

FILED
2007 OCT -4 A & 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA