

07006115300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

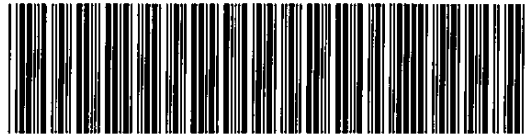
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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07 OCT 18 AM 11:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/18/07  
TS

**COVER LETTER**

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

**SUBJECT:** Sylvia's Adult Day 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Silvia Porta

Name (Printed or typed)

13615 SW 110 Terr

Address

Miami, FI 33186

City, State & Zip

305-234-8600

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:

Sylvia's Adult Day Care Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:  
13615 SW 110 Terr  
Miami, FL 33186

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Adult Day 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):

Sylvia Porta-President  
13615 SW 110 Terr  
Miami, FL 33186

Edmundo Porta- Vice-President  
8010 SW 152 AVE #214  
Miami, FL 33193

Sylvia Nunez de Riguero-Secretary  
11339 SW 132 PL #1  
Miami, FL 33186

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**ARTICLE VI REGISTERED AGENT**

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


Silvia Porta  
13615 SW 110 Terr  
Miami, FL 33186

**ARTICLE VII INCORPORATOR**

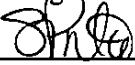
The **name and address** of the Incorporator is:

Silvia Porta  
13615 SW 110 Terr  
Miami, FL 33186

\*\*\*\*\*  
*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

10-15-07  
Date

  
\_\_\_\_\_  
Signature/Incorporator

10-15-07  
Date

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