

P07000/19690

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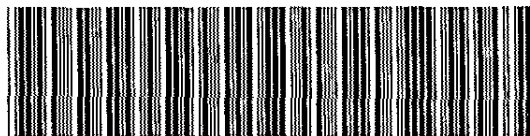
(Business Entity Name)

(Document Number)

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. NATIVIDAD HEALTH CARE Corp.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in    ☒ Pick up time 2:00    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

**NEW FILINGS**

- ☒ Profit  
☒ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

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TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
**OF**  
**NATIVIDAD HEALTH CARE CORP**

*THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned in accordance with the law of the State of Florida.*

**ARTICLE I**

*The name of this corporation shall be :*  
*NATIVIDAD HEALTH CARE CORP.*

**ARTICLE II**

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

*6901 NW 179<sup>th</sup> STREET #202  
HIALEAH, FLORIDA 33015*

**ARTICLES III - SHARES**

*The number of shares of stock that this corporation is authorized to have Outstanding at nay one time is: One Hundred (100) of One Dollar(s) (1.00)*

**ARTICLE IV**

*The name and address of the initial agent is:*

*Natividad N. Ramos  
6901 NW 179<sup>th</sup> ST #202  
HIALEAH, FLORIDA 33015*

### **ARTICLE V - INCORPORATOR(S)**

*The name(s) and street address(es) of the incorporator(s) to these Article of Incorporation is (are):*

NATIVIDAD N. RAMOS  
6901 NW 179<sup>th</sup> STREET #202  
HIALEAH, FLORIDA 33015

*The undersigned incorporator has executed these Articles of Incorporation this 30 day of October 2007*

  
\_\_\_\_\_  
Signature

### **ARTICLE VI - DIRECTOR(S)**

*The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):*

NATIVIDAD N. RAMOS - PRESIDENT  
6901 W 179<sup>th</sup> STREET #202  
HIALEAH, FLORIDA 33015

### **CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE**

*Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statute, the Undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent, in the State of Florida.*

- 1. The name of the corporation is: **NATIVIDAD HEALTH CARE CORP***

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2. The name and address of the registered agent and office is:

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**NATIVIDAD N. RAMOS**  
**6901 NW 179<sup>th</sup> STREET #202**  
**HALEAH, FLORIDA 33015**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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

\_\_\_\_\_  
Date