

P07000129266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

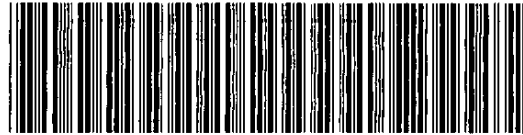
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 DEC -5 PM 4:03

EP 12/5/07

COVER LETTER

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

SUBJECT: Quintero Nursing, 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: Quintero Nursing, Inc
Name (Printed or typed)

4500 SW 106 Ave
Address

Miami, Fl. 33165
City, State & Zip

305-559-5354/305-331-3546
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:

Quintero Nursing, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4500 SW 106 Ave

Miami, Fl. 33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide Nursing Services.

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):

Adela Quintero
4500 SW 106 Ave
Miami, Fl. 33165

President

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ARTICLE VI REGISTERED AGENT

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

Adela Quintero
4500 SW 106 Ave
Miami, Fl. 33165

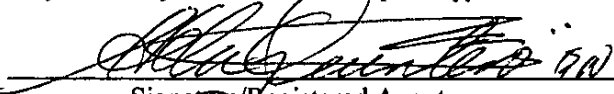
ARTICLE VII INCORPORATOR

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

Adela Quintero
4500 SW 106 Ave
Miami, Fl. 33165

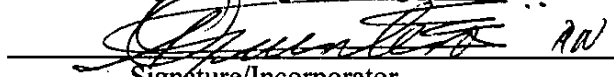
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature Registered Agent

11-28-07
Date



Signature/Incorporator

11-28-07
Date