

P07000129266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

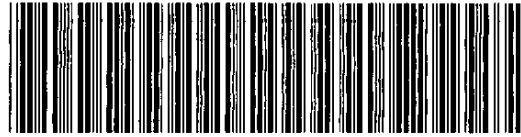
(Business Entity Name)

(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/ mailing 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                      President  
4500 SW 106 Ave  
Miami, Fl. 33165

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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*

*Adela Quintero AW*  
Signature/Registered Agent

11-28-07  
Date

*Adela Quintero AW*  
Signature/Incorporator

11-28-07  
Date