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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3-5-08
20

COVER LETTER

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

SUBJECT: Nelson Home Health, Corp.
(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: Nelson Pacheco,
Name (Printed or typed)

9717 SW 213 Terrace
Address

Cutler Bay, FL 33189
City, State & Zip

786-473-1666
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:

Nelson Home Health, Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9717 SW 213 Terrace
Cutler Bay, FL 33189

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Outpatient 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):

Nelson Pacheco / Director

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Nelson Pacheco
9717 SW 213 Terrace
Cutler Bay, FL 33189

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nelson Pacheco
9717 SW 213 Terrace
Cutler Bay, FL 33189

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

Nelson Pacheco

Signature/Registered Agent

2/28/08
Date

Nelson Pacheco

Signature/Incorporator

2/28/08
Date