

P8000053613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

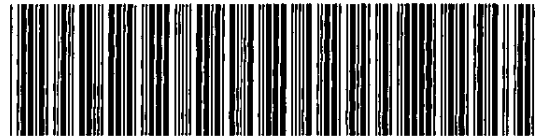
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

80-8-9  
20

## COVER LETTER

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

**SUBJECT:** ALECA NURSING SERVICES, 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:** RAMON REYES

Name (Printed or typed)

5035 PALM AVE

Address

HIALEAH, FL 33012

City, State & Zip

305-822-0669

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:

ALECA NURSING SERVICES, CORP.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

26503 SW 149 PL HOMESTEAD, FL 33032

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

NURSING SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is:

10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

PRESIDENT/ SECRETARY:

EVANGELINA RAMOS

26503 SW 149 PL

HOMESTEAD, FL 33032

**ARTICLE VI REGISTERED AGENT**

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

EVANGELINA RAMOS

26503 SW 149 PL

HOMESTEAD, FL 33032

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

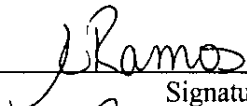
EVANGELINA RAMOS

26503 SW 149 PL

HOMESTEAD, FL 33032

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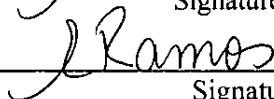
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Signature/Registered Agent

5-29-2008

Date



Signature/Incorporator

5-29-2008

Date

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TALLAHASSEE, FLORIDA