

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6381

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**FLORIDA PROFIT/NON PROFIT CORPORATION****NEW LIFE NURSING CARE, INC**

Certificate of Status	0
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ARTICLES OF INCORPORATION  
OF  
NEW LIFE NURSING CARE, INC

FILED  
08 JUL 25 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of the corporation shall be:

NEW LIFE NURSING CARE, INC

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- 1) Transact any and all lawful business
- 2) Said corporation shall further have powers  
To have perpetual succession by it's corporate

Name:

NEW LIFE NURSING CARE, INC

ARTICLE IV

The aggregate number of shares, which the corporation shall have authority to issue, is the total sum of 1000 shares, having an individual per value of \$10.00

Unless otherwise stated in these article, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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**ARTICLE V**

The street of the initial registered office and the name of the Initial Registered Agent of this corporation shall be:

**LOURDES H ALVAREZ  
1490 WEST 49 PL  
SUITE.492  
HIALEAH FL 33012-3196**

The principal office shall be:

**1490 WEST 49 PL  
SUITE.492  
HIALEAH FL 33012-3196**

**ARTICLE VI**

The initial Board of Directors shall consists of a total of TWO (2) person, and the name and address of the person who is to serve as an initial director is:

**LOURDES H ALVAREZ  
1490 WEST 49 PL  
SUITE.492  
HIALEAH FL 33012- 3196**

**PRESIDENT**

**MERCEDES SOLIS  
1490 WEST 49 PL  
SUITE.492  
HIALEAH FL 33012-3196**

**VICE-PRESIDENT**

The shares of each shareholders and registered agent to the Certificate of Incorporation are as follows:

**LOURDES H ALVAREZ  
1490 WEST 49 PL  
SUITE.492  
HIALEAH FL 33012-3196**

**50 %**

**MERCEDES SOLIS  
1490 WEST 49 PL  
SUITE.492**

**50 %**

**HIALEAH FL 33012-3196**

**The name and address of the incorporator executing these Articles of incorporation is:**

**LOURDES H ALVAREZ  
1490 WEST 49 PL.  
SUITE.492  
HIALEAH FL 33012-3196**

**IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 17<sup>th</sup> day of July, 2008.-**

*Louderes Alvarez*  
**Louderes H Alvarez  
President**

*Mercedes Solis*  
**Mercedes Solis  
Vice-President**

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

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1.- The name of the Corporation is:

**NEW LIFE NURSING CARE, INC**

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

**LOURDES H ALVAREZ  
1490 WEST 49 PL  
SUITE.492  
HIALEAH FL 33012-3196**

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Having been named as registered agent and to accept service of process for the above stated corporation at the 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 relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as a registered agent.

Signature: LOURDES ALVAREZ  
President

July 17, 2008

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