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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

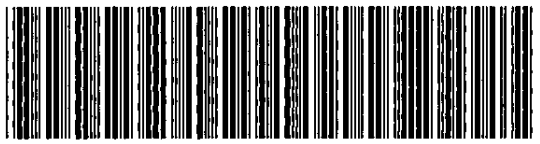
(Business Entity Name)

(Document Number)

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

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2008 SEP 22 P 1:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9-23-08  
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## COVER LETTER

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

**SUBJECT:** Americare Nursing Services, 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

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Americare Nursing Services, Inc.

Name (Printed or typed)

20 N.W. 181st Street

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Address

Miami, Florida 33169

City, State &amp; Zip

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

# ***ARTICLES OF INCORPORATION***

## **ARTICLE I NAME**

The name of the corporation shall be:

**Americare Nursing Services, Inc.**

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

**20 N.W. 181<sup>st</sup> Street  
Miami, FL 33169**

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**To provide an array of nursing services either in the Home, Nursing Home and or Hospital. The Corporation will service all dimensions of the Nursing Services, Geriatric, Pediatrics, AIDS, Communicable Diseases, Hospice patients, etc. It will service patients covered by Medicaid, Medicare, Private Pay, HMO's, etc. Its plan is to secure the proper licenses in Monroe, Dade, Broward and Martin Counties of Florida and to have Joint Commission Accreditation.**

## **ARTICLE IV SHARES**

The number of shares of stock is:

**One Hundred Thousand (100,000) shares.**

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

**Ingrid Palmer  
20 N.W. 181<sup>st</sup> Street  
Miami, FL 33169**

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

• The name and address of the registered agent is:

**Ingrid Palmer  
20 N.W. 181<sup>st</sup> Street  
Miami, FL 33169**

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

**Ingrid Palmer  
20 N.W. 181<sup>st</sup> Street  
Miami, FL 33169**

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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.*

Ingrid Palmer  
Signature/Registered Agent

9/17/2008  
Date

Ingrid Palmer  
Signature/Incorporator

9/17/2008  
Date