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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 OCT 17 PM 4:30

APPROVED  
AND  
FILED

W08-45770

COVER LETTER

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

SUBJECT: \_\_\_\_\_

*Lily 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

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: \_\_\_\_\_

*Lily Nursing Services, Inc.*  
Name (Printed or typed)

*3120 NW 83 St*  
Address

*Miami, FL 33147*  
City, State & Zip

*(786) 287-9816*  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 3, 2008

LILY NURSING SERVICES, INC  
3120 NW 83 ST  
MIAMI, FL 33147

SUBJECT: LILY NURSING SERVICES, INC  
Ref. Number: W08000045770

We have received your document for LILY NURSING SERVICES, INC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$70.00.

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

The corporation may not as it's own officer/director.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

An effective date may be added to the Articles of Incorporation **if a 2009 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight  
Regulatory Specialist II  
New Filing Section

Letter Number: 408A00052547

## 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:

Lily Nursing Services, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

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

3120 NW 83 Street  
Miami, FL 33147

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Nursing and Health 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):

Lianet Quinones *RN*  
3120 NW 83 Street  
Miami, FL 33147

### **ARTICLE VI REGISTERED AGENT**

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

Lianet Quinones  
3120 NW 83 Street  
Miami, FL 33147

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Lianet Quinones  
3120 NW 83 Street  
Miami, FL 33147

\*\*\*\*\*

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]*

\_\_\_\_\_  
Signature/Registered Agent

*[Signature]*

\_\_\_\_\_  
Signature/Incorporator

*10/10/08*

\_\_\_\_\_  
Date

*10/10/08*

\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 OCT 17 PM 4:30

APPROVED  
AND  
FILED