

PD8000/08783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

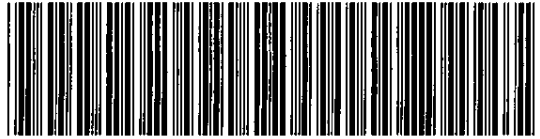
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/15/08--01025--018 **87.50

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08 DEC 15 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
12/16

COVER LETTER

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

SUBJECT: Marcela's Nursing Care, 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: Maria E. Veiga

Name (Printed or typed)

7701 West 16 Court

Address

Hialeah, FL 33014

City, State & Zip

(305) 562-8612

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:

Marcela's Nursing Care, Inc.

ARTICLE II PRINCIPAL OFFICE

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

7701 West 16 Court
Hialeah, FL 33014

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Home health nursing services to be provided to the public

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Maria E. Veiga
7701 West 16 Court
Hialeah, FL 33014

ARTICLE VI REGISTERED AGENT

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

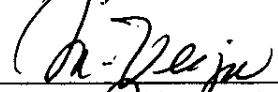
Maria E. Veiga
7701 West 16 Court
Hialeah, FL 33014


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Maria E. Veiga
7701 West 16 Court
Hialeah, FL 33014

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


Signature/Incorporator

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08 DEC 15 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12-11-08
Date
12-11-08
Date