

PO9000011901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

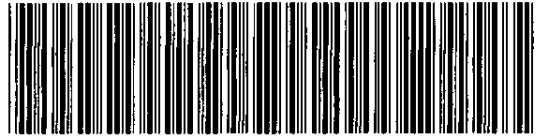
(Document Number)

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

Special Instructions to Filing Officer:

Removed PA from  
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MAR 1 2009  
MAR 1 2009

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**COVER LETTER**

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

**SUBJECT:** FRANKLIN ARIAS, P.A.  
**(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:** FRANKLIN ARIAS  
Name (Printed or typed)

130 WEST 64 STREET  
Address

HIALEAH, FLORIDA 33012  
City, State & Zip

786-417-1177  
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:

FRANKLIN ARIAS, P.A.

**ARTICLE II PRINCIPAL OFFICE**

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

130 WEST 64 STREET  
HIALEAH, FLORIDA 33012

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

MEDICAL NURSING SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is:

100 SHARES

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

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

FRANKLIN ARIAS                      PRESIDENT/DIRECTOR  
130 WEST 64 STREET  
HIALEAH, FL 33012

**ARTICLE VI REGISTERED AGENT**

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

FRANKLIN ARIAS, .....  
130 WEST 64 STREET  
HIALEAH, FLORIDA 33012

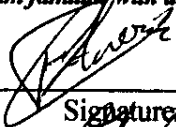
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


FRANKLIN ARIAS  
130 WEST 64 STREET  
HIALEAH, FL 33012

\*\*\*\*\*

*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

\_\_\_\_\_  
JANUARY 30, 2009  
Date

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

\_\_\_\_\_  
JANUARY 30, 2009  
Date