| P09000021529 | | |
|--|--------------------------|--|
| (Requestor's Name) (Address) | 200144922902 | |
| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entrty Name) | 03/06/0901026015 **87.50 | |
| (Document Number) Certified Copies Certificates of Status | ν | |
| Office Use Only | 09 NR 6 PN 2: 25 | |
| Q | , L | |

COVER LETTER

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

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ina's Home C SUBJECT: (CLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee **378.75** Filing Fee & Certificate of Status

| \$78.75 | \$87.50 |
|------------------|------------------|
| Filing Fee | Filing Fee, |
| & Certified Copy | Certified Copy |
| | & Certificate of |
| | Status |
| ADDITIONAL CO | PPY REQUIRED |

Lontane Name (Printed or typed) oe FROM: 5245W CERANE Address Miami, FL 33144 City, State & Zip (305) 282 6970 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: Fidelina | e Home, Co |
| ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different | is: 10020SW 55th street |
| | Miami, FL33165 (principal steet of mailing addres. |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: | This will be an A.L.F. providing |
| | This will be an A.L.F providing care For the elderly. |
| ARTICLE IV SHARES The number of shares of stock is: 100 | |
| ARTICLE V INITIAL OFFICERS AND/OR DIR | |
| 4 - 7 | Montane : President |
| Addr | css: 524SW Q8ANE HIAMI, FL 33144 |
| ARTICLE VI REGISTERED AGENT | The ARaction |
| The name and Florida street address (P.O. Box NOI acce | ptable) of the registered agent is: Joel Montane |
| Florida Street / Iddre | SS: 524 SW 68 AVE Miami, FL 33144 |

ARTICLE VII INCORPORATOR The name and address of the Incorporator is: ARTICLE VII Address: 5245W GEAVE Miami, FL 33144

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 familifir with and accept the appointment as registered agent and agree to act in this capacity

Montane Signature/Registered Agent Tree Montane Signature/Incorporator

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<u>03/03/09</u> / Date '09