

PO9000023110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

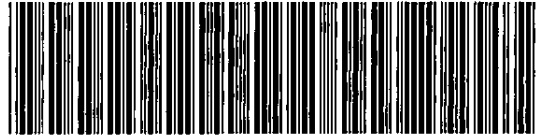
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000145508340

03/12/09--01019--014 **78.75

FILED
09 MAR 12 AM 8:37
FBI - NEW YORK

[Handwritten signature]

COVER LETTER

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

SUBJECT: BETTER LIFE 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: RAFAEL SANCHEZ
Name (Printed or typed)

495 NW 72 AVENUE, #402
Address

MIAMI, FL 33126
City, State & Zip

786-287-7282
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:

BETTER LIFE NURSING CARE, INC.

ARTICLE II PRINCIPAL OFFICE

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

495 NW 72 AVENUE, #402
MIAMI, FL 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO RENDER NURSING CARE TO PATIENTS IN THE STATE OF FLORIDA FOR PROFIT.

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

RAFAEL SANCHEZ, PRESIDENT
495 NW 72 AVENUE, #402
MIAMI, FL 33126

DANIEL CHAVIANO, VICE-PRESIDENT / SECRETARY
495 NW 72 AVENUE, #402
MIAMI, FL 33126

ARTICLE VI REGISTERED AGENT

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

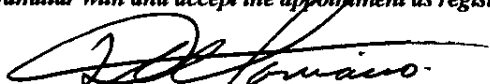
DANIEL CHAVIANO
495 NW 72 AVENUE, #402
MIAMI, FL 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

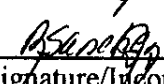
RAFAEL SANCHEZ
495 NW 72 AVENUE, #402
MIAMI, FL 33126

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

2/17/09
Date



Signature/Incorporator

2/17/09
Date

09
MAR 12 AM 8:37
FILED