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(Requestor's Name)			
(Address)			
<i>(</i> ,			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
,			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Special instructions to Filing Officer.			
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COVER LETTER

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

SUBJECT: RODRIGUEZ NURSING CORPORATION, INC.				
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00 Filing Fee		□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: RODRIGUEZ NURSING CORPORATION, INC.				
Name (Printed or typed)				
2652 SW 153 PATH Address				
MIAMI, FL 33185 City, State & Zip				
786-308-0729 Daytime Telephone number				
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:

RODRIGUEZ NURSING CORPORATION, INC.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 2652 SW 153 PATH

MIAMI, FL 33185

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): TERESA RODRIGUEZ - PRESIDENT 2652 SW 153 PATH MIAMI, FL 33185

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: TERESA RODRIGUEZ 2652 SW 153 PATH MIAMI, FL 33185

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: TERESA RODRIGUEZ 2652 SW 153 PATH MIAMI, FL 33185

	. 12/06/08
Signature/Registored Agent	Date
	12/06/08
Signature/Incorporator	Date

OS MAR 30 AN III