

PO9000030962

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(Requestor's Name)

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(Address)

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(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



800146131708

03/19/09--01021--014 \*\*78.75

FILED  
09 APR -2 PM 2:41  
RECEIVED BY STATE  
TALLAHASSEE, FLORIDA

W09000013601

EP 4/17/09



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 23, 2009

MIRIAM GARCIA SANCHEZ  
2850 SW 137 COURT  
MIAMI, FL 33175

SUBJECT: ELDERLY TENDER CARE HOMES, INC.  
Ref. Number: W09000013601

We have received your document for ELDERLY TENDER CARE HOMES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6062.

Eula Peterson  
Regulatory Specialist II  
New Filing Section

Letter Number: 209A00009757

RECEIVED  
DEPARTMENT OF STATE  
09 APR -2 AM 10:53

## COVER LETTER

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

**SUBJECT:** Elderly Tender Care Homes, 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Miriam Garcia Sanchez

Name (Printed or typed)

2850 SW 137 Court

Address

Miami, FL 33175

City, State & Zip

(786) 586-3173

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:

Elderly Tender Care Homes, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

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

2850 SW 137 COURT  
MIAMI, FL 33175

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The Corporation Shall engage in any activities or business permitted under the laws of the United States and of the State of Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is:

100 Shares, having an individual par value of \$1.00

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

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

Miriam Garcia Sanchez, P  
2850 SW 137 Court  
Miami, FL 33175

Maria C. Prado, S  
2850 SW 137 Court  
Miami, FL 33175

### **ARTICLE VI REGISTERED AGENT**

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

Miriam Garcia Sanchez  
2850 SW 137 Court  
Miami, FL 33175

### **ARTICLE VII INCORPORATOR**

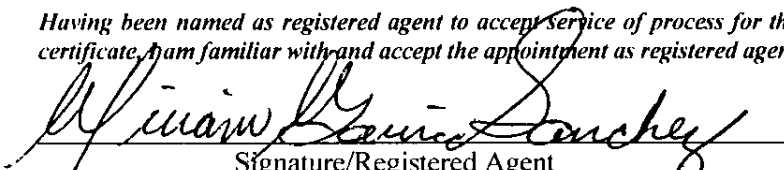
The name and address of the Incorporator is:

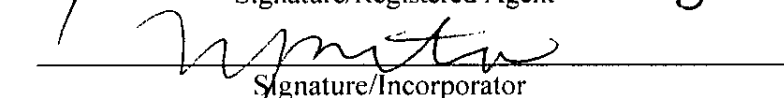
Mariana Ponton  
9738 SW 138 AVE  
Miami, FL 33186

09 APR -2 PM 2:12  
FALL HAVEN, FLORIDA

\*\*\*\*\*

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

3/27/09  
Date

3/26/09  
Date