

709 000036 278

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000096311 3)))



H090000963113A BCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850) 617-6381

From:  
Account Name : FASTKIT CORPORATE OUTFITS  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

FILED  
2009 APR 22 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

CELIA SALAS, PA

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

RECEIVED  
DEPARTMENT OF STATE  
09 APR 22 AM 9:10

Electronic Filing Menu

Corporate Filing Menu

Help

J. Simmons APR 23 2009

**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:

CELIA SALAS, PA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

451 EAST 13 STREET  
HIALEAH, FL 33010

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

NURSING SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is:

1000 @ NO PAR VALUE

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

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

CELIA I. SALAS  
451 EAST 13 STREET  
HIALEAH, FL 33010  
PRESIDENT

**ARTICLE VI REGISTERED AGENT**

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

JIRON & COMPANY, CPA, PA  
5200 SW 8TH STREET #120  
CORAL GABLES, FL 33134

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

CELIA I. SALAS  
451 EAST 13 STREET  
HIALEAH, FL 33010

\*\*\*\*\*

*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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

4-21-09

4-21-09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 APR 22 PM 1:44

FILED