

P09000041639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

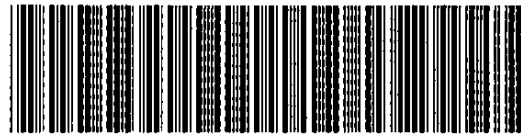
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/11/09--01009--007 **78.75

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09 MAY 11 AM 9:58

SECRETARY OF STATE
DIVISION OF CORPORATIONS
AND BUSINESSES
HARRISBURG, PA 17104

Handwritten signature

COVER LETTER

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

SUBJECT: ALONSO NURSING SERVICES, 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: ALONSO NURSING SERVICES, INC.
Name (Printed or typed)

15418 SW 31 LANE
Address

MIAMI, FL 33185
City, State & Zip

786-419-5326
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

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09 MAY 11 AM 9:58
CLERK OF DISTRICT COURT
MIAMI, FLORIDA

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:

ALONSO NURSING SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

15418 SW 31 LANE
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:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

IVON ALONSO - PRESIDENT
15418 SW 31 LANE
MIAMI, FL 33185

ARTICLE VI REGISTERED AGENT

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

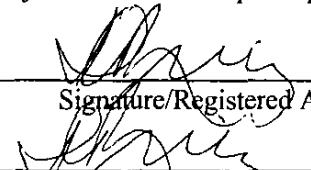
IVON ALONSO
15418 SW 31 LANE
MIAMI, FL 33185

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

IVON ALONSO
15418 SW 31 LANE
MIAMI, FL 33185

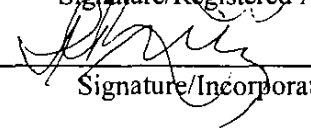
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

12/06/08

Date



Signature/Incorporator

12/06/08

Date