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CORPORATE FILING SERVICE

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Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Document #) (Corporation Name) (Corporation Name) (Document #) Walk in Certified Copy Pick up time Photocopy Will wait Certificate of Status Mail out **NEW FILINGS AMENDMENTS** Profit Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger REGISTRATION/QUALIFICATION **OTHER FILINGS** Annual Report Foreign ☐ Fictitious Name Limited Partnership Reinstatement Trademark Other

Examiner's Initials



THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I - NAME

THE NAME OF THE CORPORATION SHALL BE:

Optimum Health Care Services

Orp

The State of the S

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

5545 Sw 8 St. # 105 miami Fl. 33134

ARTICLE III - SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

Norka-maria Roman 16321 SW 96 Herr. miami Fl. 33196

ARTICILE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:
Norka-maria Roman
110321 SW 96 terr.
miami Fl. 33194
THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS DAY OF, 200 9
Mman SIGNATURE
ARTICLE VI - DIRECTOR(S)
THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):
Norka-Maria Roman - President
Daniela Silva - Vice Président

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED **OFFICE**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE