

PO9000061315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

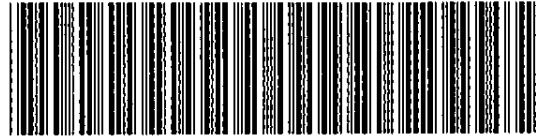
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500158332915

07/17/09--01044--003 **78.75

RECEIVED

09 JUL 17 PM 12:20

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

2009 JUL 17 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 20 2009
D. A. WHITE

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Acacia Health Care Corp.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:06 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☒ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

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:

ACACIA HEALTH CARE CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

6861 W 4TH AVE APT: 12
HIALEAH, FL. 33014

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HEALTH CARE

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):

HECTOR O. MARTIN - PRESIDENT
6861 W 4TH AVE APT: 12
HIALEAH, FL. 33014

ARTICLE VI REGISTERED AGENT

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

6861 W 4TH AVE APT: 12 HECTOR O MARTIN
HIALEAH, FL. 33014

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

HECTOR O MARTIN
6861 W 4TH AVE APT: 12
HIALEAH, FL. 33014

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

FILED

JUL 17 A M: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/15/09

Date

7/15/09

Date