

P09000062059

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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PICK-UP

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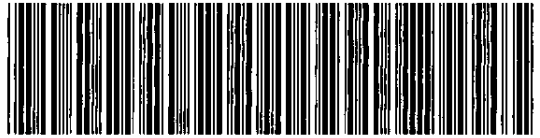
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/26/09--01038--014 **78.75

FILED

09 JUL 21 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W09000030029

EP 7/22/09



RECEIVED
DEPARTMENT OF STATE

09 JUL 21 PM 3:40

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2009

MURO HOME HEALTH SERVICES
3310 SW 123RD CT
MIAMI, FL 33175

SUBJECT: MURO HOME HEALTH SERVICES
Ref. Number: W09000030079

We have received your document for MURO HOME HEALTH SERVICES 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 corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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: 509A00022216

COVER LETTER

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

SUBJECT: MURO HOME HEALTH SERVICES CORPORATION
(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: MURO HOME HEALTH SERVICES CORPORATION
Name (Printed or typed)

3310 SW 123RD CT
Address

MIAMI, FL 33175
City, State & Zip

305-508-5936
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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:

MURO HOME HEALTH SERVICES CORPORATION

ARTICLE II PRINCIPAL OFFICE

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

3310 SW 123RD CT
MIAMI, FL 33175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HOME HEALTH 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):

EDUARDO MURO - PRESIDENT
3310 SW 123RD COURT
MIAMI, FL 33175

ARTICLE VI REGISTERED AGENT

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

EDUARDO MURO
3310 SW 123RD COURT
MIAMI, FL 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

EDUARDO MURO
3310 SW 123RD COURT
MIAMI, FL 33175

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

07/15/09

Date

07/15/09

Date

FILED
09 JUL 21 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA