

P10000082455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

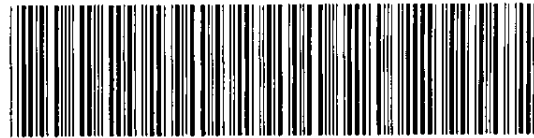
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



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10/08/10--01004--020 \*\*78.75

RECEIVED  
10 OCT -8 AM 11:10  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2010 OCT -8 PM 12:02

10/11/10



# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

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

1. E & R HEALTH CARE SERVICES  
(Corporation Name) (Document #)
2. INC  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☒ 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

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Examiner's Initials



**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

**E & R Health Care Services Inc.**

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6501 NW 36 Street, Ste 464

Virginia Gardens, FL 33166

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Mailing address, if different is: \_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Health Care Staffing Company**

**ARTICLE IV SHARES**

The number of shares of stock is: 100 SHARES

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

Name and Title: Rolando Chirino - President

Address: 6501 NW 36 Street, Ste 464

Virginia Gardens, FL 33166

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: Eylen Fleitas - Vice President

Address: 6501 NW 36 Street, Ste 464

Virginia Gardens, FL 33166

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Eylen Fleitas

Address: 6501 NW 36 Street, Ste 464

Virginia Gardens, FL 33166

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Eylen Fleitas

Address: 6501 NW 36 Street, Ste 464

Virginia Gardens, FL 33166

*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*

Eylen Fleitas

Required Signature/Registered Agent

10/7/10

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Eylen Fleitas

Required Signature/Incorporator

10/7/10

Date