

P100000083879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

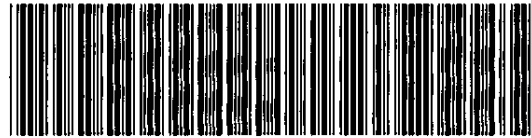
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800185659478

09/27/10--01014--015 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP 27 AM 11:29

EFFECTIVE DATE

9/23/2010

1110-11/20

MD 10/14

COVER LETTER

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

SUBJECT: **BOCANEGRA HEALTH SERVICES CORP**
(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: **BABETTE C SOSA**
Name (Printed or typed)

4913 SW 138 AVE
Address

MIAMI, FL, 33175
City, State & Zip

305-205-2516
Daytime Telephone number

bocanegrahealthservices@yahoo.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2010

BABETTE C. SOSA
4913 S.W. 138TH AVE.
MIAMI, FL 33175

SUBJECT: BOCANEGRA HEALTH SERVICES CORP
Ref. Number: W10000046200

We have received your document for BOCANEGRA HEALTH SERVICES CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

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) 245-6921.

Maryanne Dickey
Regulatory Specialist II Supervisor
New Filing Section

Letter Number: 310A00023413

EFFECTIVE DATE 9/23/2010

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

BOCANEGRA HEALTH SERVICES CORP

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

4913 SW 138 AVE

MIAMI FL 33175

Mailing address, if different is:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP 27 AM 11:29

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is 500@1.00 EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BABETTE C. SOSA PRESIDENT

Address:

4913 SW 138 AVE

MIAMI FL 33175

Name and Title: RAFAEL A. BOCANEGRA VICE-PRESIDENT

Address:

4913 SW 138 AVE

MIAMI FL 33175

Name and Title:

Address:

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: BABETTE C. SOSA

Address: 4913 SW 138 AVE

MIAMI FL 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BABETTE C. SOSA

Address: 4913 SW 138 AVE

MIAMI FL 33175 EFFECTIVED DATE CORP FILED 09/23/2010

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

Required Signature/Registered Agent

10/12/2010

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.

Required Signature/Incorporator

10/12/2010

Date