

P110000037074

(Requestor's Name)

(Address)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Barbara Perez GAVE

AUTHORIZATION BY PHONE TO

CORRECT Document to Reflex Name of Corp.

DATE 4-18-11 AT 3:00pm

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Office Use Only



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2011 APR 15 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SC
4-18-11

COVER LETTER

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

SUBJECT: Surgery Recovery Care, Inc.

(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: Surgery Recovery Care, Inc.

Name (Printed or typed)

19431 NW 58 Ave.

Address

Miami Lakes, FL 33015

City, State & Zip

786-287-5805

Daytime Telephone number

SurgeryRecoveryCare.com ✓

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 APR 15 PM 3:30

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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: Surgery Recovery Care, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
19431 NW 58 Ave
Miami Lakes, FL 33015

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Agency that will recruit Home Health Aids and/or Certified Nursing Assistants for providing home health care to post surgery patients, not to exceed a 14 day period.

ARTICLE IV SHARES

The number of shares of stock is: 100 at no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Barbara Perez - President
Address: 19431 NW 58 Ave
Miami Lakes, FL 33015

Name and Title: _____
Address: _____

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:

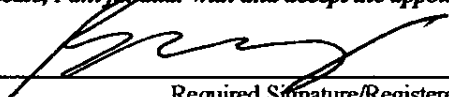
Name: Barbara Perez
Address: 19431 NW 58 Ave
Miami Lakes, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Barbara Perez
Address: 19431 NW 58 Ave
Miami Lakes, FL 33015

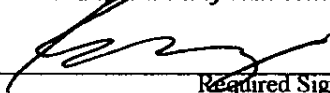
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

4/5/2011
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

4/5/2011
Date

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TALLAHASSEE, FLORIDA