

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000022078 3)))



H120000220783ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : ARES & COMPANY, C.P.A., P.A.
Account Number : I20000000268
Phone : (305) 229-8256
Fax Number : (305) 229-8252

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
NURSING CARE ONE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 26 AM 11:08

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 JAN 26 PM 2:29

Electronic Filing Menu

Corporate Filing Menu

Help

PS 1/27/12

((H12000022078 3)))

ARTICLES OF INCORPORATION
OF
NURSING CARE ONE, INC.

THE UNDERSIGNED has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

NURSING CARE ONE, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purpose proposed to be transacted and carried on by this corporation are to do any and all of the things, as fully and to the same extent as natural persons might do, viz:

PREPARED BY: ARES & COMPANY, C.P.A.,P.A.
3636 SW 87TH AVE.
MIAMI, FL. 33125
PH: (305) 229-8256
FAX: (305) 229-8252

FILED OF STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 JAN 26 AM 11:09

((H12000022078 3)))

(((H12000022078 3)))

Transact any and all lawful business.

(1) Said corporation shall further have powers:

To have perpetual succession by its corporate name,

NURSING CARE ONE, INC.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of US\$10.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The name and street address of the initial Registered Agent of this corporation shall be:

MITDAEL MORENO
14243 SW 173RD STREET
MIAMI, FL. 33177

The principal place of business and mailing address shall be:

14243 SW 173RD STREET
MIAMI, FL. 33177

(((H12000022078 3)))

((H12000022078 3)))

ARTICLE VI

The initial Board of Directors and Shareholders shall be composed by ONE (1) person, whose name and address is:

MITDAEL MORENO - PRESIDENT - 100% SHAREHOLDER
14243 SW 173RD STREET
MIAMI, FL. 33177

ARTICLE VII

The name and address of the incorporator executing these Articles of Incorporation is:

MITDAEL MORENO
14243 SW 173RD STREET
MIAMI, FL. 33177

IN WITNESS WHEREOF, the undersigned incorporators have executed these Articles of Incorporation this 26TH day of January, 2012.


MITDAEL MORENO
INCORPORATOR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 26 AM 11:09

((H12000022078 3)))

((H12000022078 3)))

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the law of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the Corporation:

NURSING CARE ONE, INC.

2. The name and address of the Registered Agent and office is:

MITDAEL MORENO
14243 SW 173RD STREET
MIAMI, FL. 33177

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE:

MITDAEL MORENO

DATE:

01 26 2012

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 26 AM 11:09

((H12000022078 3)))