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DIVISION OF CORPORATIONS

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## COVER LETTER

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

SUBJECT: KATIA MUNOZ, 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: KATIA MUNOZ

Name (Printed or typed)

257 SW 122ND TERRACE

Address

PEMBROKE PINES, FL 33025

City, State & Zip

786-286-7543

Daytime Telephone number

KATIA.MUNOZ@YAHOO.COM

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**

KATIA MUNOZ, INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
257 SW 122ND TERRACE  
PEMBROKE PINES, FL 33025

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
TRAVELING MEDICAL NURSE

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: KATIA MUNOZ, PRES  
Address: 257 SW 122ND TERRACE  
PEMBROKE PINES, FL 33025

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: KATIA MUNOZ  
Address: 257 SW 122ND TERRACE  
PEMBROKE PINES, FL 33025


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: KATIA MUNOZ  
Address: 257 SW 122ND TERRACE  
PEMBROKE PINES, FL 33025


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

 03/03/12  
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

 03/03/12  
Date

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DEPARTMENT OF STATE  
CORPORATE AFFAIRS