

P12000043592

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☐ PICK-UP

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(Business Entity Name)

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W2-2850

FILED  
12 MAY -9 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch MAY 9 2012

MAY/04/2012/FRI, 03:24 PM  
05/MAY. 4. 2012 2:40PM

HOME HEALTH CARE, INC

NO. 598 P. 003  
P. 302/0004

RECEIVED

COVER LETTER

12 MAY -9 PM 12:58

DIVISION OF CORPORATION

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

SUBJECT: Las Mercedes Management 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: Marlon Munoz

Name (Printed or typed)

1479 NW 27 Ave

Address

Miami Florida 33125

City, State & Zip

305 987 0317

Daytime Telephone number

marlonm24@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

January 17, 2012

MARLON MUNOZ  
1479 NW 27 AVE  
MIAMI, FL 33125

SUBJECT: LAS MERCEDES MANAGEMENT INC.  
Ref. Number: W12000002853

We have received your document for LAS MERCEDES MANAGEMENT INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

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) 245-6928.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 812A00001080

MAY/04/2012/FRI. 03:24 PM  
05/MAY. 4. 2012: 2:40PM

HOME HEALTH CARE, INC

NO. 598 P. 004  
P. 4103/0004

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME** LAS MERCEDES MANAGEMENT INC  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
1479 NW 27 Ave.  
Miami, Florida 33125

Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
Any Lawful Business in the State of Florida.

**ARTICLE IV SHARES**  
The number of shares of stock is (1000) ONE THOUSAND

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

Name and Title: Marlon Munoz  
Address: 1479 NW 27 Ave.  
Miami, Florida 33125

Name and Title: President  
Address:

Name and Title: Jorge Raat  
Address: 1479 NW 27 Ave.  
Miami, Florida 33125

Name and Title: Vice President  
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: Marlon Munoz  
Address: 1479 NW 27 AVE  
Miami, Florida 33125

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Marlon Munoz  
Address: 1479 NW 27 Ave  
Miami, Florida 33125

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

05-04-2012

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

05-04-2012

Date