P12000098558

(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

800241518728

11/15/12--01018--019 **78.35

EFFECTIVE DATE 1-1-13

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 NOV 30 AM 10:07

RECEIVED
12 NOV 30 AM 10:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2012

REINA VALDES
13206 NW 8TH TERR
MIAMI, FL 33182

SUBJECT: REINA'S HOME CARE, CORP.
Ref. Number: W12000057957

We have received your document for REINA'S HOME CARE, CORP. and your check(s) totaling $78.35. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The registered agent must sign accepting the designation.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to fiie an annual report and pay the required annual report filing fee until the following calendar year.

Please return 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) 245-6052.

Pamela Smith
Regulatory Specialist II

Letter Number: 312A00027678

COVER LETTER

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

SUBJECT: REINA'S HOME CARE , 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: Reina Valdes
Name (Printed or typed)

13206 N.W. 8th Terrace
Address

Miami, Florida 33182
City, State & Zip

305-225-7951
Daytime Telephone number

queen0359@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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 NOV 30 AM 10:08

ARTICLE I NAME
The name of the corporation shall be: REINA'S HOME CARE, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address
13206 N.W. 8th TERRACE
MIAMI, FLORIDA 33182

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

EFFECTIVE DATE 1-1-13

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: REINA VALDES
Address: 13206 NW 8th TERRACE
MIAMI, FLORIDA 33182

Name and Title:
Address:

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: REINA VALDES
Address: 13206 NW 8th TERRACE
MIAMI, FLORIDA 33182

ARTICLE VII INCORPORATOR
The **name and address** of the Incorporator is:
Name: JOSE M. MARTINEZ
Address: 985 NW 132nd COURT
MIAMI, FLORIDA 33182

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 — Date: NOV. 27, 2012

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 — Date: NOV. 27, 2012

REINA' HOME CARE, CORP.

ARTICLES OF INCORPORATION

ARTICLE VIII.

EFECTIVE DATE OF BUSINESS IS: JANUARY 1st 2013

Registerd Incorporator

Registered Agent