

P13000005352

Florida Department of State
Division of Corporations
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H130000116253ABCT

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

From: Account Name : BARINAS & ASSOCIATES INC.
Account Number : I20000000082
Phone : (305) 871-0889
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**FLORIDA PROFIT/NON PROFIT CORPORATION
PROFESSIONAL CARE SENIOR SERVICES INC**

Certificate of Status	1
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COVER LETTER

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

SUBJECT: PROFESSIONAL CARE SENIOR SERVICES 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: YANELLE M BARINAS

Name (Printed or typed)

5701 NW 36 ST

Address

MIAMI, FL 33166

City, State & Zip

305-871-0889

Daytime Telephone number

BARINASB@GMAIL.COM

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

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TALLAHASSEE FLORIDA

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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 **PROFESSIONAL CARE SENIOR SERVICES INC**
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
5975 CHAPMAN FIELD DRIVE
MIAMI, FL 33156

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	PRESIDENT	Name and Title:	
Address:	ANA T CRESPO	Address:	
	5975 CHAPMAN FIELD DRIVE		

Name and Title:		Name and Title:	
Address:		Address:	

Name and Title:		Name and Title:	
Address:		Address:	

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

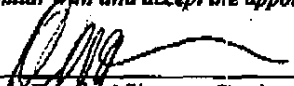
Name: **ANA T CRESPO**
Address: **5975 CHAPMAN FIELD DRIVE**
MIAMI, FL 33156

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: **ANA T CRESPO**
Address: **5975 CHAPMAN FIELD DRIVE**
MIAMI, FL 33156

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

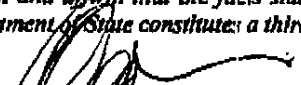


Registered Signature/Registered Agent

01/14/2013

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.



Registered Signature/Incorporator

01/14/2013

Date

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