

P13000006155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

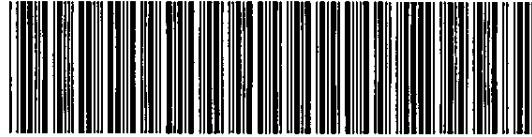
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900242161959

01/11/13--01014--007 \*\*700.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 JAN 17 AM 11:26

FILED

J. Shivers JAN 18 2013

W13-2594  
2553  
585  
611



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 14, 2013

LINDA DUARTE  
1901 NW 85 ST  
MIAMI, FL 33147-4267

SUBJECT: NATALIE HHA  
Ref. Number: W13000002599

We have received your document for NATALIE HHA and your check(s) totaling \$700.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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) 245-6052.

Justin M Shivers  
Regulatory Specialist II  
New Filing Section

Letter Number: 213A00000966

## COVER LETTER

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

SUBJECT: NATALIE HHA  
(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: LINDA DUARTE  
Name (Printed or typed)

1901 NW 85 STREET  
Address

Miami FL 33147-4267  
City, State & Zip

305-836-5765  
Daytime Telephone number

JAKE2285@hotmail.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**

The name of the corporation shall be:

Natalie HHA Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1901 NW 85 Street

Miami, FL 33147

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Self-Employment as Independent Contractor.

Home Health Care Provider

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

Name and Title: Linda Duarte, President

Name and Title:

Address 1901 NW 85 Street

Address:

Miami, FL 33147

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 JAN 17 AM 11:26

FILED

(conti.)

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: Linda Duarte  
Address: 1901 NW 85 Street  
Miami, FL 33147

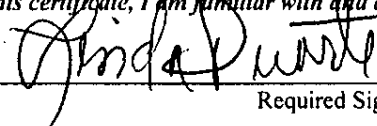
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: George Burgos, The Burgos Group Inc.  
Address: 2144 SW 25 Terrace  
Miami, FL 33133

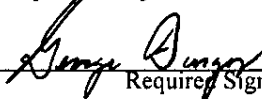
FILED  
13 JAN 17 AM 11:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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

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.*

  
Required Signature/Incorporator

01/14/2013  
Date