

P13000058331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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AUTHORIZATION BY PHONE TO

CONNECT *Article II & VI*

DATE _____

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06/17/13--01019--011 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL -1 PM 1:40

*Ps 7/11/13
W13-38215*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2013

DAYANI RAEZ
4445 WEST 16 AVE, SUITE 606
HIALEAH, FL 33012

SUBJECT: MLS HOME HEALTH SERVICE, INC.
Ref. Number: W13000035215

We have received your document for MLS HOME HEALTH SERVICE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.)

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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: 213A000152

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

13 JUL - 1 PM 3:29

RECEIVED

COVER LETTER

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

SUBJECT: MLS Home Health Service, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Dayani Raez, Rosa Clavell

Name (Printed or typed)

4445 west 16 ave suite 606

Address

Hialeah, Fl, 33012

City, State & Zip

7867157023

Daytime Telephone number

mlshomehealth@gmail.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

ARTICLE I NAME

The name of the corporation shall be: MLS Home Health Service, Inc.

13 JUL -1 PM 1:40

ARTICLE II PRINCIPAL OFFICE

Principal street address

4445 west 16 ave suite 606

Hialeah, Fl, 33012, USA

Mailing address, if different is:

4445 west 16 ave suite 606

Hialeah, Fl, 33012, USA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide home health service
to the elder community in Florida.

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Rosa Clavell, Director</u>	Name and Title:	_____
Address	<u>7225 Port Marnock Dr</u>	Address:	_____
	<u>Hialeah, Fl, 33015</u>		_____

Name and Title:	<u>Dayami Raez, Director</u>	Name and Title:	_____
Address	<u>20120 Skokie Dr</u>	Address:	_____
	<u>Miami, Fl, 33015</u>		_____

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

Name and Title: _____ Name and Title: 13 JUL -1 PM 1:40
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Dayami Raez
Address: 20120 Skokie Dr
Miami FL, 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rosa Clavell/ Dayami Raez
Address: 7225 Port Marnock Dr/ 20120 Skokie DR
Hialeah, FL, 33015/ Miami FL 33015

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 Dayami Raez . Date 06/12/2013

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.

Rosa Clavell _____ Date 06/12/2013
Required Signature/Incorporator Rosa Clavell
Dayami Raez .
