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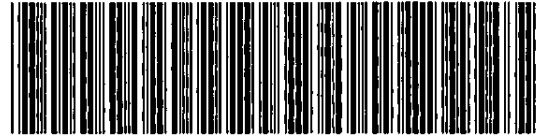
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DIVISION OF CORPORATIONS
14 APR 22 PM 12:49

COVER LETTER

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

SUBJECT: **Gonzalez Health Services, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **Gonzalez Health Services, Corp.**

Name (Printed or typed)

9940 NW 6 Lane

Address

Miami, FL 33172

City, State & Zip

(786)286-8637

Daytime Telephone number

gonzalezhscorp@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)

ARTICLE I NAME

The name of the corporation shall be: Gonzalez Health Services, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

9940 NW 6 Lane

Miami, FL 33172

Mailing address, if different is:

9940 NW 6 Lane

Miami, FL 33172

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: It is our mission to improve the
health of those we serve with a commitment to excellence
in all we do. Our purpose is to offer quality care that sets
community standads, exceed recipient's expectations and
are provided in a caring, convenient, cost-effective and
accessible manner.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Isidro F. Gonzalez

Address: President

9940 NW 6 Lane

Miami, FL 33172

Name and Title: _____

Address: _____

Name and Title: Julio C. Ricco

Address: Vice President

9940 NW 6 Lane

Miami, FL 33172

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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(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: Isidro F. Gonzalez
Address: 9940 NW 6 Lane
Miami, FL 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Isidro F. Gonzalez
Address: 9940 NW 6 Lane
Miami, FL 33172

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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 3/28/14
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 3/28/14
Date