

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000105339 3)))



H140001053393ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
MILLER RETIREMENT HOME INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$78.75 |

Second Request
Third Request

Electronic Filing Menu

Corporate Filing Menu

Help

MAY - 6 2014

J. BRYAN

03/17/2032 03:22

#3859 P.002/004

H14000105339

FILED
14 MAY -2 PM 2:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

05-01-14

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of MILLER Retirement Home, Inc. Doc # P11000053222 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,

M. G. H. E.

H14000105339

H14000105339

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: MILLER RETIREMENT HOME INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address11265 SW 56TH STMIAMI, FL 33165

Mailing address, if different is:

11265 SW 56TH STMIAMI, FL 33165**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: HOME CARE ALF**ARTICLE IV SHARES**The number of shares of stock is: 100 SHARES @ \$1.00 PER VALUE**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: PRESIDENT- MARLENE L FUENTES

Address

11265 SW 56TH STMIAMI, FL 33165

Name and Title: _____

Address: _____

Name and Title: JORGE FUENTES

Address

11265 SW 56TH STMIAMI, FL 33165

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

H14000105339

FILED
14 MAY -2 PM 2:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

03/17/2032 03:22

#3859 P.004/004

H14000105339

(cont.)

FILED
14 MAY -2 PM 2:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: MARLENE L FUENTES
Address: 11265 SW 56TH ST
MIAMI, FL 33165

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: See above
Address: _____

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

[Signature] 4/30/2014
Required Signature/Registered Agent / Incorporator 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.

H14000105339