

PA00008685

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

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

SUBJECT: Primavera Adult Day Care 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: Joandys Alvarez

Name (Printed or typed)

811 NW 34 Ave

Address

Miami, FL 33125

City, State & Zip

786.286.2045

Daytime Telephone number

neidy01@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: Primavera Adult Day Care Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

811 NW 34 Ave

Miami, FL 33125

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES 500

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Neidys Mauri/President

Address: 811 NW 34 Ave

Miami, FL 33125

Name and Title: Joandys Alvarez/VP

Address: 811 NW 34 Ave

Miami, FL 33125

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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STATE OF FLORIDA
TALLAHASSEE

(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:

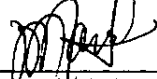
Name: Neidys Mauri
Address: 811 NW 34 Ave
Miami, FL 33125

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joandys Alvarez
Address: 811 NW 34 Ave
Miami, FL 33125

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

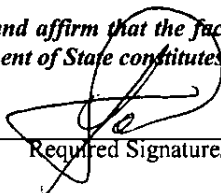


Required Signature/Registered Agent

10/15/2014

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

10/15/2014

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA