

P14000092871

(Requestor's Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14141-66878

MD 11/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 4, 2014

SAILE CRUZ
320-322 N.W. 43RD PL
MIAMI, FL 33126

SUBJECT: VILLA PARAISO FAMILY CARE, INC.
Ref. Number: W14000066878

We have received your document for VILLA PARAISO FAMILY CARE, 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 state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 614A00023565

COVER LETTER

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

SUBJECT: Villa Paraiso Family 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

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

ADDITIONAL COPY REQUIRED

FROM: Saile Cruz
Name (Printed or typed)

320-322 N.W. 43rd Pl
Address

Miami, FL 33126

305-443-4410

Daytime Telephone number

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: Villa Paraiso Family Care, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

320-322 N.W. 43rd Pl.

Miami, Fl 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: _____

✓ 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Saile Cruz Name and Title: _____

Address 518 E 54th Street Address: _____

Hialeah, Fl 33013

President

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

(cont.)

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: Saile Cruz
Address: 518 E 54th St
Hialeah, FI 33013

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Saile Cruz
Address: 518 E 54th St
Hialeah, FI 33013

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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

* [Signature]
Required Signature/Registered Agent

10/28/14
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.

* [Signature]
Required Signature/Incorporator

10/28/14
Date