

From:

Division of Corporations

04/14/2015 13:04

P-001003

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

****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
MUNVEZ, RN, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: MUNVEZ, RN, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address

4350 HILLCREST DR
HOLLYWOOD, FL 33021

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: NURSING

ARTICLE IV SHARES
The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALISON J. RUBIN, PRESIDENT Name and Title: _____

Address: 4350 HILLCREST DR Address: _____
HOLLYWOOD, FL 33021

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

From:

04/14/2015 13:04

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(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:

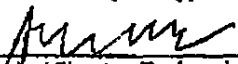
Name: ALISON J. RUBIN
Address: 4350 HILLCREST DR
HOLLYWOOD, FL 33021

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

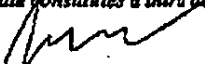
Name: ALISON J. RUBIN
Address: 4350 HILLCREST DR
HOLLYWOOD, FL 33021

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

4/14/15
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

4/14/15
Date

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