

05/03/2013 01:11

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
NORTH MIAMI ADULT DAY CARE CENTER INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

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Help

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME: The name of the corporation is:North Miami Adult Day Care Center Inc.DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

855 NE 130 ST.North Miami FL 33161**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Director: Abel Barrios (president)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

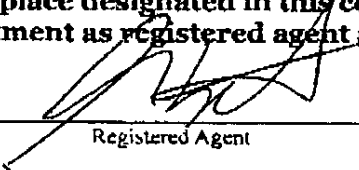
ABEL BARRIOS855 NE 130 STNorth Miami FL 33161**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:855 NE 130 STNorth Miami FL 33161ABEL BARRIOS

H15000152188:

H15000152888

Required Signatures:

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



Registered Agent_____
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 §.817.155, F.S.



Incorporator_____
DateDEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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