

05/28/2033 04:27

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#5381 P.001/003

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
PLACENCIA NURSING SERVICES, INC

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

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#5381 P. 002/003

No. 9390 P. 2
H15000174337

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: PLACENCIA NURSING SERVICES, INC

ARTICLE II PRINCIPAL OFFICE
Principal street address: 11710 NW SOUTH RIVER DR APT # 302
Mailing address, if different is: 11710 NW SOUTH RIVER DR APT # 302
MEDLEY, FL 33178 MEDLEY, FL 33178

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

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>ISABEL PLACENCIA</u>	Name and Title:	
Address	<u>PRESIDENT</u>	Address:	
	<u>11710 NW SOUTH RIVER DR APT # 302</u>		
	<u>MEDLEY, FL 33178</u>		

Name and Title:		Name and Title:	
Address		Address:	

Name and Title:		Name and Title:	
Address		Address:	

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No. 9390 P. 3

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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: ISABEL PLACENCIA
Address: 11710 NW SOUTH RIVER DR APT # 302
MEDLEY, FL 33178

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

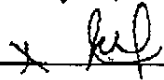
Name: ISABEL PLACENCIA
Address: 11710 NW SOUTH RIVER DR APT # 302
MEDLEY, FL 33178

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/17/2015 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

X 
Required Signature/Registered Agent

07/17/2015

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.

X 
Required Signature/Incorporator

07/17/2015

Date

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