

12/09/2003

5:28

4300 P 01/003

# P16000008337

## Florida Department of State

### Division of Corporations Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H16000023674 3)))



H160000236743ABC5

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

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

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*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 BERMUDEZ SENIOR CARE II INC

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

FILED

16 JAN 28 PM 4:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

16 JAN 28 PM 3:22

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

01-29-06

H 16000023674

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:Bermudez Senior Care, Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

403 NW 136 PL  
Miami FL 33182**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Mayencys Triana (P)SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JAN 28 PM 4:50

FILED

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

MAYENCYS Triana  
403 NW 136 PL  
Miami FL 33182**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:MAYENCYS Triana  
403 NW 136 PL  
Miami FL 33182

H 16000023674

H16000023674

**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

[Signature] 01/28/16  
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 s. 817.155, F.S.

[Signature] 01/28/16  
Incorporator Date

FILED  
16 JAN 28 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H16000023674