

P16000046397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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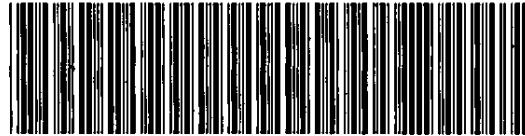
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
16 MAY 19 AM 8:48

COVER LETTER

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

SUBJECT: MATOS CARE SERVICES CORPORATION
(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 ☐ \$78.75
Filing Fee Filing Fee
& Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: ILEANA MATOS
Name (Printed or typed)
12878 SW 151 LANE
Address
MIAMI, FL 33186
City, State & Zip
3053036967
Daytime Telephone number
ileanita33@yahoo.es
E-mail address: (to be used for future annual report notification)

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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

MATOS CARE SERVICES CORPORATION

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
12878 SW 151 LANE

Mailing address, if different is:

MIAMI, FL 33186

ARTICLE III PURPOSE

TO PROVIDE ASSISTANT NURSING SERVICES.

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

100

The number of shares of stock is: _____

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ILEANA MATOS, PRESIDENT

Name and Title: ILEANA MATOS, VICE-PRESIDENT

Address: 12878 SW 151 LANE

Address: 12878 SW 151 LANE

MIAMI, FL 33186

MIAMI, FL 33186

Name and Title: ILEANA MATOS, TREASURER

Name and Title: _____

Address: 12878 SW 151 LANE

Address: _____

MIAMI, FL 33186

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: ILEANA MATOS
Address: 12878 SW 151 LANE
MIAMI, FL 33186

ARTICLE VII INCORPORATOR

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

Name: ILEANA MATOS
Address: 12878 SW 151 LANE
MIAMI, FL 33186

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ARTICLE VIII EFFECTIVE DATE: MAY 1, 2016

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 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

5/16/2016

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.

λ

Required Signature/Incorporator

5/16/2016

Date