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TALLAHASSEE, FLORIDA
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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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, 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
MIAMI, FL 33186

Mailing address, if different is:

ARTICLE III PURPOSE

TO PROVIDE ASSISTANT NURSING SERVICES.

The purpose for which the corporation is organized is: _____

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ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Name and Title: ILEANA MATOS, VICE-PRESIDENT
Address: 12878 SW 151 LANE
MIAMI, FL 33186

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

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

