

P16000047477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

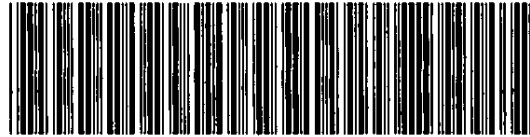
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/02/16--01032--013 \*\*70.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY 24 AM 5:36

*mim*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 10, 2016

DAMICE LA FERNANDEZ  
880 SW 129 PL., APT.#207  
MIAMI, FL 33184

SUBJECT: DAMY HEALTH CARE CORP  
Ref. Number: W16000034088

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TALLAHASSEE, FLORIDA  
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We have received your document for DAMY HEALTH CARE CORP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

You must list an individual person or active business entity with a complete Florida physical street address as the registered agent in the registered agent designation section.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon  
Regulatory Specialist II

Letter Number: 016A00009850

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16 MAY 24 AM 9:46  
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TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** DAMY HEALTH CARE CORP.

(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:** DAMICE LA FERNANDEZ

\_\_\_\_\_  
Name (Printed or typed)

880 SW 129 PL APT # 207

\_\_\_\_\_  
Address

MIAMI, FL 33184

\_\_\_\_\_  
City, State & Zip

786-740-5049

\_\_\_\_\_  
Daytime Telephone number

FERNANDEZDAMICELA@YAHOO.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

16 MAY 26 AM 5:37

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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**

The name of the corporation shall be: DAMY HEALTH CARE CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

880 SW 129 PL APT # 207

MIAMI, FL 33184

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: PROVIDE HEALT SERVICES TO AUTISTIC CHILDRENS  
AT HOME

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: DAMICELA FERNANDEZ PRESIDENT

Name and Title: \_\_\_\_\_

Address 880 SW 129 PL APT # 207

Address: \_\_\_\_\_

MIAMI, FL 33184

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA  
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Name and Title: Danicela Fernandez President Name and Title: \_\_\_\_\_  
Address: 880 SW 129 PL Address: \_\_\_\_\_  
Apt # 207  
Miami, FL 33184

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Danicela Fernandez  
Address: 880 SW 129 PL Apt 207  
Miami FL 33184

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TALLAHASSEE, FLORIDA

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Danicela Fernandez  
Address: 880 SW 129 PL Apt 207  
Miami, FL 33184

**ARTICLE VIII EFFECTIVE DATE:**

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.

[Signature]  
Required Signature/Registered Agent

05/16/16  
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]  
Required Signature/Incorporator

04/25/16  
Date