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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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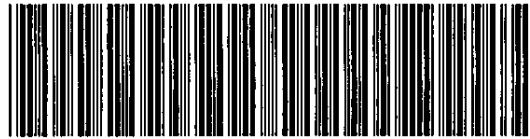
(Business Entity Name)

(Document Number)

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

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**COVER LETTER**

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

SUBJECT: Caring Palace Health Services, Inc  
(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: GUERLIE RENE  
Name (Printed or typed)  
9441 Chelsea drive  
Address  
Minaman, FL 33025  
City, State & Zip  
(786) 326-9309  
Daytime Telephone number  
Caringpalace@gmail.com  
E-mail address: (to be used for future annual report notification)

**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: Caring Palace Health Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9441 Chelsea drive  
MIRAMAR, FL 33025

9441 Chelsea drive  
MIRAMAR, FL 33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide quality care  
and health education to the general  
population

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>GUERLIE RENE, RN</u>	Name and Title:	<u>EVA MARS, MPH-RN</u>
Address:	<u>9441 Chelsea drive</u>	Address:	<u>3013 SW 67<sup>th</sup></u>
	<u>MIRAMAR, FL 33025</u>		<u>MIRAMAR, FL 33023</u>

Name and Title:	_____	Name and Title:	_____
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Address:	_____	Address:	_____
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Name and Title:	_____	Name and Title:	_____
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Address:	_____	Address:	_____
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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: EVA MARS  
Address: 3013 SW 67<sup>TH</sup>  
MIRAMAR, FL 33023

**ARTICLE VII INCORPORATOR**

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

Name: GUERLIE RENE  
Address: 9441 Chelsea Drive  
MIRAMAR, FL 33025

**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*

Eva Mars 7/11/16  
Required Signature/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.*

Guerlie Rene 7/11/16  
Required Signature/Incorporator Date