

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

P16000065480

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.

((H160001952163)))



H160001952163ABC+

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

RECEIVED  
16 AUG -9 PM 4:59  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

RECEIVED

16 AUG -9 PM 3:51

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

FLORIDA PROFIT/NON PROFIT CORPORATION  
LEISA CARO ARNP CORP

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

08/16/16

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

H16000195216

**ARTICLE I NAME:** The name of the corporation is:LEISA CARO ARNP CORP**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

17236 SW 155 CTMIAMI, FL 33187**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**LEISA CARO - PRESIDENT16 AUG -9 PM 4:59  
SECRETARY OF STATE  
FLORIDA

2160

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

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

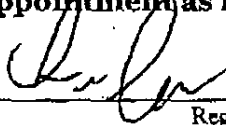
17236 SW 155 CTMIAMI, FL 33187LEISA CARO**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:17236 SW 155 CTMIAMI, FL 33187LEISA CARO

H16000195216

H16000195216

**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**

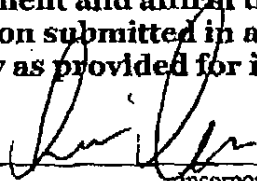


Registered Agent

8/9/2016

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.**



Incorporator

8/9/2016

Date

FILED  
16 AUG -9 PM 1:59  
TALLAHASSEE FLORIDA

H16000195216