

P17000011247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

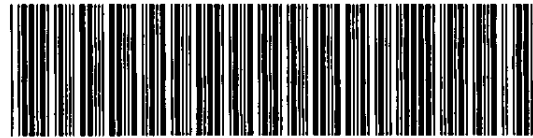
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/02/17--01009--002 **87.50

FILED
2017 FEB -2 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

V HERRING

FEB -3 2017

COVER LETTER

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

SUBJECT: Anna Health Care, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: ANA PAULA FERREIRA
Name (Printed or typed)

175 SW 34th Avenue
Address

Deerfield Beach, FL 33442
City, State & Zip

(561) 305-1897
Daytime Telephone number

ANA2324@ICLOUD.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S.

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ARTICLE I NAME

The name of the corporation shall be:

Anna Health Care

INCORPORATED IN THE STATE OF FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

175 SW 34th Avenue

Deerfield Beach, FL 33442

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide health homecare service.

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Director

Name and Title: ANA PAULA FERREIRA

Name and Title:

Address

175 SW 34th Ave

Address:

Deerfield Beach,

FL 33442

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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Name and Title: _____ Name and Title: SECRETARY OF STATE
Address: _____ Address: TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Ana Paula Ferreira
Address: 175 SW 34th AVE
Deerfield Beach, FL
33442

ARTICLE VII INCORPORATOR

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

Name: Ana Paula Ferreira
Address: 175 SW 34th AVE
Deerfield Beach, FL
33442

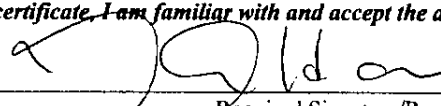
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 days after the filing.)

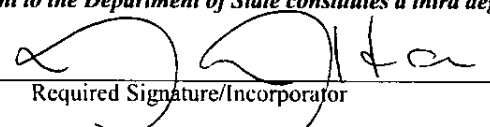
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

01/28/17
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.


Required Signature/Incorporator

01/28/17
Date