200087061

| (Requestor's Name) | | | | |
|---|--------------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | ry/State/Zip/Phone | e #) | | |
| PICK-UP | WAIT | MAIL | | |
| (Bu | siness Entity Nar | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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OCT 3 0 2017

K. Brumbley

COVER LETTER

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

| SUBJECT: <u>Jes</u> | (PROPOSED CORPORA | calthe Care Inc | |
|---|--|----------------------------|---------------------|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | <u>UDE SUFFIX</u>) |
| | | | |
| Enclosed are an orig | inal and one (1) copy of the arti | cles of incorporation and | l a check for: |
| ☑ \$70.00 | \$78.75 | \$78.75 | \$87.50 |
| • | Filing Fee | Filing Fee | |
| rining rec | & Certificate of Status | & Certified Copy | · — |
| | & Certificate of Status | & Centified Copy | & Certificate of |
| | | | Status |
| | | ADDITIONAL CO | |
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| | | | |
| FROM: | L+M Accounting | Services | |
| FROM: L+M Accounting Services Name (Printed or typed) | | | |
| | 225 | | 3 3 |
| | 1750 J.W. | 117 H An Sent | 2010 |
| | F | Address | |
| | <i>A</i> | F/ 32/83 | |
| Miami, FC 33/83 City. State & Zip | | | |
| | City. | State te Zip | |
| | 365-59 | 5-2401 | |
| | | elephone number | |
| | | - 1 | |
| | mariquiros | 9 E hotmailice | ** |
| | 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 corporati | on shall be: Jesus Es Mi A | Roca Health Care I | nd |
|--|--|-------------------------------|--------------------|
| <u>ARTICLE II PRINCI</u> | PAL OFFICE Principal <u>street</u> address | Mailing address. | if different is: |
| 10491 S.W. 2 | 16 Stock Apt 209 | 7750 5 10. 11. Miam FL 331 | 1 A Are Suite 2010 |
| ARTICLE III PURPO | | | |
| | | | |
| | | | 177 |
| | Sock is: 103 C-1/,01 Z4. LOFFICERS AND/OR DIRECTORS | | OCT-27 MH IDI Z |
| Name and Title: | Yamira Barrate Cruz Pres | Name and Title: | |
| | 10491 SW 216 Stood Axt 209 Minni FL 33190 | Address: | |
| Name and Title: | | Name and Title: | |
| Address | | Address: | |
| Name and Title: | | Name and Title: | |
| Address | | | |
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| Name and | Title: | Name and Title: | |
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| Address | | Address: | |
| | | <u>. </u> | |
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| | | | i |
| | | | |
| | EGISTERED AGENT | | |
| The name and Flor | rida street address (P.O. Box NOT acceptab | le) of the registered agent is: | |
| Name: | Yaming Barret Cruz | | |
| Address: | 10491 S.W. 216 Street Ajd | 207 | |
| | HILLIA FL 33190 | | |
| ARTICLE VII - 18 | NCORPORATOR | | |
| | | | |
| The name and add | ress of the Incorporator is: | | |
| Name: | Yames Barreto Cour | | |
| Address: | 10491 5.W. SIL St. Apr 20 | <u>" " </u> | |
| | iruar 16 33190 | _ | |
| ARTICI E VIII - E | EFFECTIVE DATE: | | į ; |
| Effective date, if ot | ther than the date of filing: 18/30/14 | (OPTIONAL) | 1 |
| (If an effective dat filing.) | te is listed, the date must be specific and c | annot be more than five days prio | r or 90 days after the |
| Note: If the date in | nserted in this block does not meet the applic | able statutory filing requirements, the | is date will not be listed as |
| the document's effe | ective date on the Department of State's reco | ords. | |
| Having been name | ed as registered agent to accept service of pr | ocess for the above stated corporation | on at the place designated in |
| | n familiar with and accept the appointment (| | |
| × (//2) | | | 10/19/12 |
| | Required Signature/Registered Agent | | Date |
| | ment and affirm that the facts stated herein | | |
| document to the De | epartment of State constitutes a third degree. | felony as provided for in s.817.155, | F.S. |
| \times \mathscr{P} | | | 10/14/15 |
| Require | d Signature/Incorporator | | Date |

October 16, 2017

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

Re: JESUS ES MI ROCA HEALTH CARE INC

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

YAMIRA BARRETO CRUZ