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K. PAGE

## COVER LETTER

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

SUBJECT: The Providence House of Pembroke Pines, 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: Mr. Jenione Soto  
Name (Printed or typed)  
631 SW 69th Avenue  
Address  
Pembroke Pines, FL 33023  
City, State & Zip  
(786) 416-3261  
Daytime Telephone number  
jsassistedliving@gmail.com  
E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**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: The Providence House of Pembroke Pines, Inc

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

631 SW 69th Avenue

Same as Principle Office

Pembroke Pines, FL 33023

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide services and training to clients in the state of Florida and offer other services and or businesses in the U.S.A as permitted by law.

### ARTICLE IV SHARES

The number of shares of stock is: 50

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jenione Soto, P

Name and Title: Ana L. Hernandez, VP

Address 631 SW 69th Ave

Address: 631 SW 69th Ave

Pembroke Pines, FL 33023

Pembroke Pines, FL 33023

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: \_\_\_\_\_

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Mr. Jenione Soto  
Address: 631 SW 69th Ave  
Pembroke Pines, FL 33023

**ARTICLE VII INCORPORATOR**

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

Name: Mr. Jenione Soto  
Address: 631 SW 69th Ave  
Pembroke Pines, FL 33023

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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) 07/15/2018  
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) 07/15/2018  
Date