

P18000009932

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H18000237228 3)))



H180002372283ABC0

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

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
CABALLERO NURSING CARE, INC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)**ARTICLE I NAME:** The name of the corporation is:Caballero Nursing Care, inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

9248 SW 35 Street
Miami FL 33165**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Mirtha Violeta Negrin (P)

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

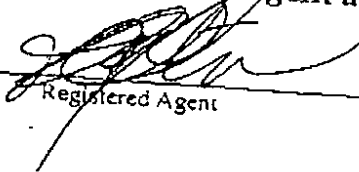
The name and Florida street address (PO Box not acceptable) of the registered agent is:

MIRTHA VIOLETA NEGRIN
9248 SW 35 STREET
MIAMI FL 33165**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:MIRTHA VIOLETA NEGRIN
9248 SW 35 STREET
MIAMI FL 33165

H18900237228

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



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



Date

H18000237228