

PI8000089834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

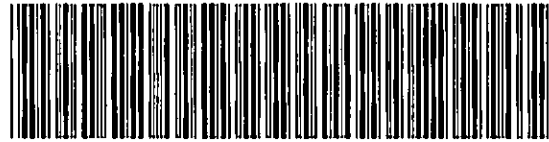
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2018 OCT 29 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 31 2018

Brumbley

NOTE Add 47-3611644

COVER LETTER

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

SUBJECT: Santa NURSE HEALTH SERVICES, CORP

(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: YOLAINA Santa Cruz  
Name (Printed or typed)

152 WALT 38TH ST  
Address

MIAMI FL 33012  
City, State & Zip

786-786-4514      9:00 AM - 5:00 PM  
Daytime Telephone number

AGUSTINESTEVE2000@gmail.com  
E-mail address: (to be used for future annual report notification)

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

Add EIN-47-3611644

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: SANTA NURSE HEALTH SERVICES, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

152 WEST 38TH ST.

HALEAH FL 33012

Mailing address, if different is:

Same as Principal

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: HEALTH CARE

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SECRETARY OF STATE  
TALLAHASSEE, FL 32304

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YOLAINA Santa Cruz

Address: 152 WEST 38TH ST.

HALEAH FL 33012

Name and Title: President

Address: 152 WEST 38TH ST

HALEAH FL 33012

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

ASN EIN - 473611644

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: YOLAINE SANTA CRUZ

Address: 152 WEST 38TH ST

HALEAH FL 33012

**ARTICLE VII INCORPORATOR**

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

Name: YOLAINE SANTA CRUZ

Address: 152 WEST 38TH ST

HALEAH FL 33012

**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:*

Yolaïne Santa Cruz

Required Signature/Registered Agent

10/23/18

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.*

Yolaïne Santa Cruz

Required Signature/Incorporator

10/23/18

Date