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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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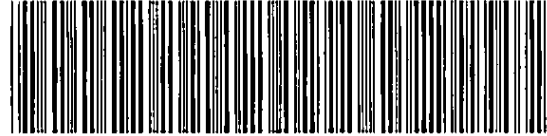
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: MARIBEL CARE PROVIDERS, 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: MARIBEL S. VALMOCINA

Name (Printed or typed)

685 NE 93RD STREET

Address

MIAMI SHORES, FL 33138

City, State & Zip

786-271-1215

Daytime Telephone number

MARIBEL.CAREPROVIDERS@GMAIL.COM

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 corporation shall be: MARIBEL CARE PROVIDERS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
11409 NE 10TH AVENUE
BISCAYNE PARK, FL 33161

Mailing address, if different is:
685 NE 93RD STREET
MIAMI SHORES, FL 33138

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR ANY AND ALL LEGAL BUSINESS PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIBEL S. VALMOCINA PRES

Address: 685 NE 93RD STREET
MIAMI SHORES, FL 33138

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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2019 OCT -1 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: MARIBEL S. VALMOCINA
Address: 685 NE 93RD STREET
MIAMI SHORES, FL 33138

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARIBEL S. VALMOCINA
Address: 685 NE 93RD STREET
MIAMI SHORES, FL 33138

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/30/2019 (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

Maribel Valmocina
Required Signature/Registered Agent

09/30/2019

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.

Maribel Valmocina
Required Signature/Incorporator

09/30/2019

Date