

P 19000080462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

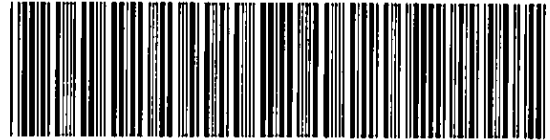
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500335503645

10/15/19--01045--009 \*\*70.00

4-11-2019  
2019 OCT 15 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FL

N CULLIG, :

OCT 29 2019

## COVER LETTER

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

**SUBJECT:** JESUS ES MI ROCA HEALTH CARE 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:** MARIA E RUIZ  
\_\_\_\_\_  
Name (Printed or typed)  
  
7750 SW 117TH AVE SUITE 201D  
\_\_\_\_\_  
Address  
  
MIAMI FLORIDA 33183  
\_\_\_\_\_  
City, State & Zip  
  
305 595-2407  
\_\_\_\_\_  
Daytime Telephone number  
  
MARIAQUIROS9@HOTMAIL.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

October 4, 2019

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

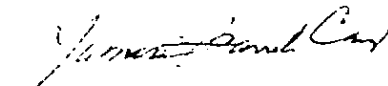
Re: Jesus Es Mi Roca Health Care Inc

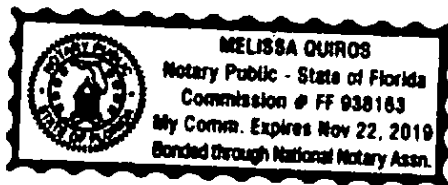
To whom it may concern:

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





FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

2019 OCT 15 PM 12:05

ARTICLE I NAME

The name of the corporation shall be: JESUS ES MI ROCA HEALTH CARE INC

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10491 SW 216 STREET APT 207

7750 SW 117TH AVE SUITE 201D

MIAMI FLORIDA 33190

MIAMI FLORIDA 33183

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100 @ \$1.00 EA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YAMIRA BARRETO CRUZ, PRES

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

Address 10491 SW 216 STREET APT 207

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

MIAMI FLORIDA 33190

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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: YAMIRA BARRETO CRUZ

Address: 10491 SW 216 STREET APT 207

MIAMI FLORIDA 33190

FILED  
2019 OCT 15 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: YAMIRA BARRETO CRUZ

Address: 10491 SW 216 STREET APT 207

MIAMI FLORIDA 33190

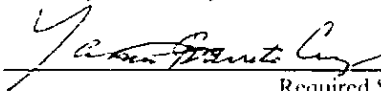
**ARTICLE VIII EFFECTIVE DATE:** 10/24/2019

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

10/09/2019

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.*



Required Signature/Incorporator

10/09/2019

Date