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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : PEDRO LOZQUINOS
Account Number : I20170000042
Phone : (954) 555-8413
Fax Number : (954) 422-6607

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

Email Address: PLUZQUINOSF@HOTMAIL.COM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 APR -9 AM 11:29

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FLORIDA PROFIT/NON PROFIT CORPORATION
OBENTEZ PA

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4/10/2020

14200001021133

COVER LETTER

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

SUBJECT: OBENITEZ, PA

(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
Filing Fee☐ \$78.75
Filing Fee
& Certificate of Status☐ \$78.75
Filing Fee
& Certified Copy☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: OMAR BENITEZ

Name (Printed or typed)

2931 NW 18TH PL

Address

MIAMI, FL 33142

City, State & Zip

786-333-7819

Daytime Telephone number

PLUZQUINOSF@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

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

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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: OBENITEZ PA

ARTICLE II PRINCIPAL OFFICE

Principal street address
2931 NW 18TH PL MIAMI, FL 33142

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO RENDER NURSING SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OMAR BENITEZ (P)

Address 2931 NW 18TH PL
MIAMI, FL 33142

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL 32310-0001

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Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: OMAR BENITEZ
 Address: 2931 NW 18 PL
 MIAMI, FL 33142

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: OMAR BENITEZ
 Address: 2931 NW 18 PL
 MIAMI, FL 33142

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 SECRETARY OF STATE
 TALLAHASSEE, FL 32399

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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

EBenitez 04-06-2020
 Required Signature/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.

EBenitez 04-06-2020
 Required Signature/Incorporator Date