

**P20000076324**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
VALENSA NURSE SERVICES INC**

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

2020 SEP 30 AM 10:59  
STATE  
TALLAHASSEE, FL

6:10 PM

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:Valensa Nurse Services Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

13923 SW 90<sup>th</sup> Ave, Apt. A109  
Miami, FL 33176**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Ismaray Rodriguez LAFARQUE (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Ismaray Rodriguez LAFARQUE  
13923 SW 90<sup>th</sup> Ave. Apt. A109  
Miami, FL 331762020 SEP 30 AM 10:59  
STATE  
FL

SEP 30 2020

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Ismaray Rodriguez LAFARQUE  
13923 SW 90<sup>th</sup> Ave. Apt. A109  
Miami, FL 33176


**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

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