P21 0000 77813

(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:

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09/01/21 --01001--004 **87.50

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2021

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: MIMIE NURSING, INC.
Ref. Number: W21000119043

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We have received your document for MIMIE NURSING, INC. and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Verify the spelling of the President.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 021A00020949

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

1. Mimie Nursing, Inc.
Name **Document Number (if known)**

_x_ Walk in ____ Will wait

___X_ Certified Copy of the Articles of Organization

__X___ **Certificate of Status**

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NEW FILINGS

____ Profit
____ Not for Profit
____ Limited Liability
_____ Domestication
___X__ INC

___ OTHER - Corp

AMENDMENTS

__ __ Amendment
___Resignation of R.A. Officer/Director
____Change of Registered Agent
____Dissolution/Withdrawal
____ Conversion

____Merger

OTHER FILINGS

____Annual Report

____Fictitious Name

_____ Statement of Authority

_____ APOSTIL ()___
COUNTRY

REGISTRATION/QUALIFICATIONS

___Foreign Filing
____ Partnership
____Reinstatement
____ CORRECTION for a Foreign LLC

____Trademark

_____ ____Other

EXAMINER'S INITIALS:_____

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: Mimie Nursing, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

3201 SW 68th Ave
Miramar, FL 33023

Mailing address, if different is:

3201 SW 68th Ave
Miramar, FL 33023

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for any and all lawful business purposes.

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ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mirelle Charles, President

Address 3201 SW 68th Ave
Miramar FL 33023

Name and Title: President

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

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: Mireille Charles

Address: 3201 SW 68th Ave
Miramar, FL 33023

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mireille Charles

Address: 3201 SW 68th Ave
Miramar, FL 33023

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 8/24/21 (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

_____ 8/24/21

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.

_____ 8/24/21

Required Signature/Incorporator Date