

PA220000 40065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

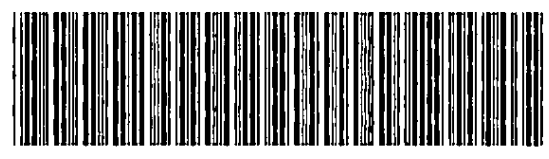
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W22000056817

Office Use Only



000385215550

04/09/22 - 01001 - 012 - \$*75.00

[Handwritten signature]

2022/04/24 PM 1:06



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 MAY 24 PM 1:51

NOTICE
COMMERCIAL
FACES

May 2, 2022

MARIA E RUIZ
7750 SW 117TH AVE SUTE 203
MIAMI, FL 33183

SUBJECT: PATIENT CARE NURSING SERVICES INC
Ref. Number: W22000056817

We have received your document for PATIENT CARE NURSING SERVICES INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name Fabiola J Palacio Montenegre looks like it is cut off. Please submit the name and the office the individual holds.

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.

Karen Lovelace
Regulatory Specialist II

Letter Number: 622A00010110

COVER LETTER

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

SUBJECT: Patient Care Nursing Services 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 117 Ave Suite 203
Address

Miami Florida 33183
City, State & Zip

305-595-2407
Daytime Telephone number

mariaquirosg@hotmaill.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: PATIENT CARE NURSING SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

15802 SW 79 TERRACE

MIAMI FLORIDA 33193

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: MONICA E PALACIO, PRES

Name and Title: FABIOLA J PALACIO Montenegro

Address 15802 SW 79 TERRACE

Address: 15802 SW 79 TERRACE

MIAMI, FLORIDA 33193

MIAMI, FLORIDA 33193

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: MONICA E PALACIO

Address: 15802 SW 79 TERRACE

MIAMI FLORIDA 33193

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MONICA E PALACIO

Address: 15802 SW 79 TERRACE

MIAMI FLORIDA 33193

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

Monica E. Palacio
Required Signature/Registered Agent

04/01/2022
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.

Monica E. Palacio
Required Signature/Incorporator

04/01/2022
Date

April 1, 2022

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

Re: PATIENT CARE NURSING SERVICES 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,


MONICA E PALACIO

