

P22000065737

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000283437 3)))



H220002834373ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : ARES & COMPANY, C.P.A., P.A.
Account Number : I20000000268
Phone : (305)229-8256
Fax Number : (305)229-8252

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

Email Address:

info@arescpa.com

2022 AUG 22 AM 2:07

**FLORIDA PROFIT/NON PROFIT CORPORATION
GARCIA PATIENT CARE INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2022 AUG 22 PM 2:08

Electronic Filing Menu

Corporate Filing Menu

Help

RS

COVER LETTER

H22000283437 3

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

SUBJECT: GARCIA PATIENT 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: ARES & COMPANY CPA PA
Name (Printed or typed)
3636 SW 87 AVE
Address
MIAMI, FL 33165
City, State & Zip
305-229-8256
Daytime Telephone number
INFO@ARESCPA.COM
E-mail address: (to be used for future annual report notification)

2022 AUG 22 AM 2:07

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)

H22000283437 3

ARTICLE I NAME

The name of the corporation shall be: GARCIA PATIENT CARE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
16063 SW 143 LANE

Mailing address, if different is:

MIAMI, FL 33196

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARILYN GARCIA , PRESIDENT

Name and Title:

Address 16063 SW 143 LANE

Address:

MIAMI, FL 33196

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

2022 AUG 22 PM 2:08

H22000283437 3

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: MARILYN GARCIA

Address: 16063 SW 143 LANE

MIAMI, FL 33196

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARILYN GARCIA

Address: 16063 SW 143 LANE

MIAMI, FL 33196

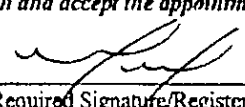
ARTICLE VIII EFFECTIVE DATE:

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.)

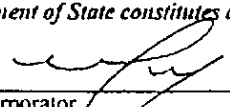
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

8/22/22
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

8/22/22
Date