

1723 11 A Division of Corporations Florida Department of State

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

From: Account Name : AP TAX SERVICES CORP
Account Number : 120220000135
Phone : (786)833-2273
Fax Number : (305)564-8828

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MIRANDA'S HEALTH CARE CORP

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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SECRETARY OF STATE
TALLAHASSEE, FL

2023 FEB - 1 AM 4: 26

COVER LETTER

H23000041631

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

SUBJECT: MIRANDA'S HEALTH CARE CORP
(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: KATIA MIRANDA CALNICK
Name (Printed or typed)

13292 SW 274TH TER
Address

HOMESTEAD, FL 33032
City, State & Zip

Daytime Telephone number

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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SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be: MIRANDA'S HEALTH CARE CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
13292 SW 274TH TER
HOMESTEAD, FL 33032

Mailing address, if different is:
13292 SW 274TH TER
HOMESTEAD, FL 33032

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KATIA MIRANDA CALNICK - PRESIDENT Name and Title: _____

Address 13292 SW 274TH TER Address: _____
HOMESTEAD, FL 33032 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FL

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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: KATIA MIRANDA CALNICK
 Address: 13292 SW 274TH TER
HOMESTAED, FL 33032

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KATIA MIRANDA CALNICK
 Address: 13292 SW 274TH TER
HOMESTEAD, FL 33032

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/31/2023 (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 the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Katia MC _____ 01/31/2023
 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 document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Katia MC _____ 01/31/2023
 Required Signature/Incorporator Date

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