

3/21/23, 12:24 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : FASTKIT CORP
 Account Number : 120100000009
 Phone : (305)599-0839
 Fax Number : (305)592-9591

****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
NURSING PROFESSIONAL OF MIAMI CORP

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

23 MAR 21 PM 12:37

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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: NURSING PROFESSIONAL OF MIAMI CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

5411 W 8TH CT

HIALEAH, FL 33012

Mailing address, if different is:

5411 W 8TH CT

HIALEAH, FL 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: NURSING SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OSCAR M. BLANCO VALLE

Name and Title: _____

Address 5411 W 8TH CT
HIALEAH, FL 33012
PRESIDENT

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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23 MAR 21 PM 12:33
CLERK OF STATE
TALLAHASSEE, FLORIDA

Name and Title _____ Name and Title _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is

Name OSCAR M. BLANCO VALLE
Address 5411 W 8TH CT
HIALEAH, FL 33012

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

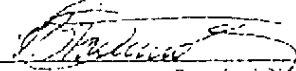
Name OSCAR M. BLANCO VALLE
Address 5411 W 8TH CT
HIALEAH, FL 33012

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: MARCH 20, 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 this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

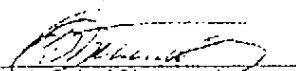


Required Signature/Registered Agent

03/20/2023

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

03/20/2023

Date

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23 MAR 21 PM 12:31
CLERK OF THE
SOLICITOR GENERAL
FLORIDA
HIALEAH ASSOCIATES