Division of Corporations

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Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 Fax Number : (305)675-5944

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 ARY LONG TERM HEALTH CARE CORO

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75



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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

ARY LONG TERM HEALTH CARE CORP
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
714 GRANT AVE
LEHIGH ACRES, FL 33972
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
NORMA A PINERO (P) DANIEL HERNANDEZ (T)
DANIEL HERNANDEZ (T)
JANOI H HERNANDEZ (VP)
ARIADNI IZQUIERDO (S)
N
٠ <u>٠</u>
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
NORMA A PINERO
714 GRANT AVE
LEHIGH ACRES, FL 33972
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: NORMA A PINERO
714 GRANT AVE
LEHIGH ACRES, FL 33972

EIN: 99-0629972

Required Signatures:

3052201440

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

Registered Agent I ate

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 S ate constitutes a third degree felony as provided for in s.817.155, F.S.

Incorporator Cate