

P24000013241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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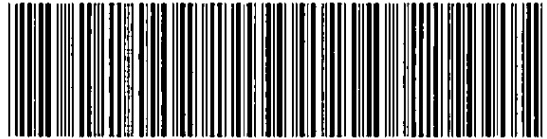
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

T.JH
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COVER LETTER

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

SUBJECT: Ilona Aronov P.A.

(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: Ilona Aronov

Name (Printed or typed)

9525 Boca River Cir

Address

Boca Raton 33434

City, State & Zip

561-884-5994

Daytime Telephone number

ilonaaronova@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 18 PM 1:20

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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: Ilona Aronov P.A.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
<u>9525 Boca River Cir</u>	<u></u>
<u>Boca Raton 33434</u>	<u></u>

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide all nursing services including home health care services
within the scope of nursing practice. As a Registered Nurse, services will include, but are not limited to wound care, IV administration
and medication management, based on physician orders and plans of care. Our focus is on developing comprehensive patient
-centered care.
our commitment is to ensure effective management of client's health and well being in their home environments.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Ilona Aronov President</u>	Name and Title: <u></u>
Address: <u>9525 Boca River Cir</u>	Address: <u></u>
<u>Boca Raton 33434</u>	<u></u>
Name and Title: <u></u>	Name and Title: <u></u>
Address: <u></u>	Address: <u></u>
<u></u>	<u></u>
Name and Title: <u></u>	Name and Title: <u></u>
Address: <u></u>	Address: <u></u>
<u></u>	<u></u>

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 JAN 18 PM 12:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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: Ilona Aronov

Address: 9525 Boca River Cir

Boca Raton 33434

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Ilona Aronov

Address: 9525 Boca River Cir

Boca Raton 33434

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/9/2024 (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

Ilona Aronov

dotloop verified
01/10/24 9:36 AM EST
02N--ASB DRBS-NXBH

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 a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Ilona Aronov

dotloop verified
01/10/24 9:36 AM EST
DRAC-2YV GFJB-QNO3

Required Signature/Incorporator

Date

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

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ARTICLE II PRINCIPAL OFFICE

Principal street address

9525 Boca River Cir

Boca Raton 33434

Mailing address, if different is:

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our commitment is to ensure effective management of client's health and well being in their home environments.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ilona Aronov President

Name and Title: _____

Address

9525 Boca River Cir

Boca Raton 33434

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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JAN 18 PM 1:23
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TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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Boca Raton 33434

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Name: Ilona Aronov

Address: 9525 Boca River Cir

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Ilona Aronov

dotloop verified
01/10/24 9:36 AM EST
182N-4ASB-DRBS-NABH

Required Signature/Registered Agent

Date

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Ilona Aronov

dotloop verified
01/10/24 9:36 AM EST
DRKC-2YVI-GFJ8-ONQJ

Required Signature/Incorporator

Date

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JAN 18 PM 12
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TALLAHASSEE, FLORIDA