

## Florida Department of State

Division of Corporations

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## To:

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

## From:

Account Name : DMG FINANCIAL SERVICES INC  
Account Number : 120230000151  
Phone : (305)595-2407  
Fax Number : (305)595-2408

\*\*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

## JESUS ES MI ROCA HEALTHCARE INC

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

RECEIVED

2024 OCT -9 PM 4:55

SECRETARY OF STATE  
TALLAHASSEE, FLFLORIDA STATE  
SECRET

2024 OCT -9 PM 2:57

FILED

October 1, 2024

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

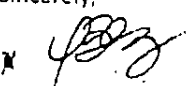
Re: Jesus Es Mi Roca Health Care Inc

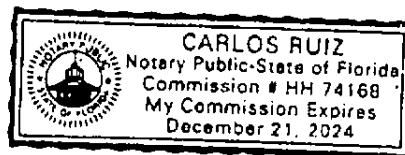
To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

  
Yamira Barreto Cruz



## 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: JESUS ES MI ROCA HEALTH CARE INC

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

10491 SW 216 STREET APT 107

MIAMI, FLORIDA 33190

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YAMIRA BARRETO CURZ, PRESIDE

Name and Title:

Address: 10491 SW 216 STREET APT 107

Address:

MIAMI, FLORIDA 33190

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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STATE  
OF FL

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: YAMIRA BARRETO CRUZ  
Address: 10491 SW 216 STREET APT 107  
MIAMI, FLORIDA 33190

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: YAMIRA BARRETO CRUZ  
Address: 10491 SW 216 STREET APT 107  
MIAMI, FLORIDA 33190

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10/11/2024 (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.*

X [Signature] 10/01/2024  
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.817.153, F.S.*

X [Signature] 10/01/2024  
Required Signature/Incorporator Date

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DEPT OF STATE  
TALLAHASSEE, FL