

P96000006679

TRANSMITTAL LETTER

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

100001692661  
-01/19/96--01012--007  
\*\*\*\*131.25 \*\*\*\*131.25

SUBJECT: DODEJOLINA CARE CENTER Corp.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☒ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: DOLORES CASTELLANO  
Name (printed or typed)

705 SANTANDER AVE  
Address

CORA GABLES FL. 33134  
City, State & Zip

(305) 569-0264  
Daytime Telephone number

FILED  
96 JUN 18 PM 8 21

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

SAB  
1/23/96

**ARTICLES OF INCORPORATION**

FILED

96 JAN 18 AM 8 21

STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

**ARTICLE I NAME**

The name of the corporation shall be:

DODETOLINA CARE CENTER CORP

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

905 S. Bayshore DR.  
SUITE 1525  
MIAMI, FLORIDA 33131

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Dolores Castellano  
705 SANTANDER AVE.  
CORAL GABLES, FL. 33134

**ARTICLE V INCORPORATOR(S)**

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

DOLORIS CASTELLANO  
705 SANTANDER AVE  
CORAL GABLES, FL. 33134

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

11TH day of JANUARY, 19 96.

Doloris Castellano  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**NOTE:** Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

DODESOLINA CARE  
CENTER CORP.

2. The name and address of the registered agent and office is:

Dolores Castellano  
(NAME)  
705 SANTANDER AVE.  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)  
CORAL GABLES, FL. 33134  
(CITY/STATE/Zip)

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66 JUN 16 PM 3 21

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dolores Castellano  
(SIGNATURE)

1-12-96  
(DATE)