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(Re	equestor's Name)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 14, 2021

MARIA RUIZ 7750 SW 117 AVE SUITE 203 MIAMI, FL 33183

SUBJECT: CERTIFIED ARNP NURSING PROVIDER INC

Ref. Number: W21000158440

We have received your document for CERTIFIED ARNP NURSING PROVIDER INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 421A00030088

2022 JAN 12 PH 12: 20

December 6, 2021

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

Re: CERTIFIED ARNP NURSING PROVIDER 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,

Q

JUAN CARLOS FERNANDEZ



MA

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

ARTICLE I NAME	· · · · · · · · · · · · · · · · · · ·	10 0/10 m 110 0Pm	^
The name of the corporati	ion shall be: CERTIFIEN AR	NP NUKSING PAC	VIDER INC
ARTICLE II PRINC			
	Principal street address	•	ddress, if different is:
14450 5 W. 1	153 Terr	7750 S.W	117 Are Scate 203
Alam Hor	Ja 33177	mam: H	
ARTICLE III PURPO	SE ne corporation is organized is:&ny	all level pur	.)
The purpose for which ti	te corporation is organized is:	1-3-4 purpos	
			21
<u> </u>			2022
			* : S
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		<u></u>	=======================================
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			₩.T. (A)
ARTICLE IV SHARE	.6		-
The number of shares of s	mock is: 100 C \$1.00.00.		
		 	
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS		
		,	
Name and Title:	Juan Carlos Fernandez, 1	Name and Title:	<u> </u>
Address	14450 S.W. 153 Terr	Address:	
	Miami Florido 33177		
	11112m1 1101132 33111		
Name and Title:		Name and Title:	
Address		Address:	
			-
Name and Title:		Name and Title:	
Address		Address:	
read 655		. 1001000	
		_	
,			

Address ,	Address:	
		
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. I	Box NOT acceptable) of the registered agent is:	
Name: Juan Carlos		
Address: 14450 S.W. 1 Miami Flori	s3 Terr	
Mam. Flori	<u>da 33177</u>	202
ARTICLE VII INCORPORATOR		2022 JAN 12
he <u>name and address</u> of the Incorporator is:		38
Name: Juna Caplas	Fernandez	PH 4: 03
Address: 14450 5 W	153 Terr_	, <u>F</u>
Hiami, F	lor, da 53127	3-08
RTICLE VIII - EFFECTIVE DATE:		
iffective date, if other than the date of filing If an effective date is listed, the date must iling.)	t be specific and cannot be more than five days	AL) s prior or 90 days after the
Note: If the date inserted in this block does the document's effective date on the Department.	not meet the applicable statutory filing requirement of State's records.	ents, this date will not be listed as
	cept service of process for the above stated corpora appointment as registered agent and agree to act	ation at the place designated in thi in this capacity
		12/2/2021
Required Signatur	e/Registered Agent	Date
submit this document and affirm that the ocument to the Department of State constitu	facts stated herein are true. I am aware that the des a third degree felony as provided for in s.817.	e false information submitted in 6 155, F.S.
Required Signature/Incorporator		Date 12/2/2021
courred Signature/Inchrnor		Date