

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**P2500000292**

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

From: Account Name : DMG FINANCIAL SERVICES INC  
Account Number : I20230000151  
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  
CERTIFIED ARNP NURSING PROVIDERS & HHA INC

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

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### COVER LETTER

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

**SUBJECT:** CERTIFIED ARNP NURSING & HHA PROVIDERS INC  
\_\_\_\_\_  
(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 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

**ADDITIONAL COPY REQUIRED**

**FROM:** MARIA E RUIZ  
\_\_\_\_\_  
Name (Printed or typed)  
  
10430 SW 145TH AVE  
\_\_\_\_\_  
Address  
  
MIAMI, FLORIDA 33183  
\_\_\_\_\_  
City, State & Zip  
  
305 595-2407  
\_\_\_\_\_  
Daytime Telephone number  
  
MARIAQUIROS9@HOTMAIL.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME CERTIFIED ARNP NURSING PROVIDERS & HHA INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
9825 PALMETTO CLUB DRIVE
MIAMI, FLORIDA 33157

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

ARTICLE IV SHARES 100
The number of shares of stock is:

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FL.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN CARLOS FERNANDEZ, PRES Name and Title: NADIA ECHOUR, VP
Address: 9825 PALMETTO CLUB DRIVE Address: 9825 PALMETTO CLUB DRIVE
MIAMI, FLORIDA 33157 MIAMI, FLORIDA 33157

Name and Title: Address:
Name and Title: Address:

Name and Title: Address:
Name and Title: Address:

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: JUAN CARLOS FERNANDEZ

Address: 9825 PALMETTO CLUB DRIVE  
MIAMI, FLORIDA 33157

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JUAN CARLOS FERNANDEZ

Address: 9825 PALMETTO CLUB DRIVE  
MIAMI, FLORIDA 33157

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 02/03/2025 (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*

*[Signature]* \_\_\_\_\_ 02/03/2025  
 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.*

*[Signature]* \_\_\_\_\_ 02/03/2025  
 Required Signature/Incorporator Date