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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

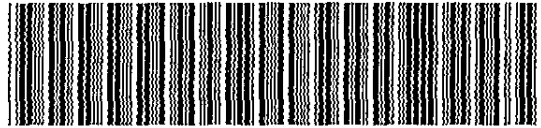
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TS
8/27/03

TRANSMITTAL LETTER

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

Subject: HOME CARE RESOURCES HOME HEALTH AGENCY, INC.

(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 of
Status

\$78.75
Filing Fee &
Certified Copy

\$87.50
Filing Fee,
Certified Copy &
Certificate

[ADDITIONAL COPY REQUIRED]

FROM: Carl & Marie St.Fleur,

Name (Printed or Typed)

1455 NW 143rd Street,
Address

Miami, Florida 33167
City, State & Zip

(305)688-0566
Daytime Telephone Number

NOTE: PLEASE PROVIDE THE ORIGINAL AND ONE COPY OF THE ARTICLES.

ARTICLES OF INCORPORATION

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:

HOME CARE RESOURCES HOME HEALTH AGENCY, INC.

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TALLAHASSEE, FLORIDA

ARTICLE II - PRINCIPAL OFFICE

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

11601 BISCAYNE BLVD., #309
MIAMI, FLORIDA 33181

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
FIVE HUNDRED (500) SHARES @ US\$1.00 PER SHARE

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARIE E. ST.FLEUR
1455 NW 143RD STREET,
MIAMI, FLORIDA 33167

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):

CARL ST.FLEUR, 1455 NW 143RD STREET, MIAMI, FL 33167

MARIE E. ST.FLEUR,. 1455 NW 143RD STREET, MIAMI, FL 33167

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

18 day of August, 2003.
(An additional article must be added if an effective date is requested)

Carl St Fleur
Signature C. ST.F.

Marie St Fleur
Signature M. ST.F.

Signature

Notarization is not required

**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 HOME CARE RESOURCES HOME HEALTH AGENCY, INC.

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

MARIE E. ST.FLEUR

(Name)

1455 NW 143RD STREET

(Street Address - P.O. Box or Mail Drop Box NOT Acceptable)

MIAMI, FLORIDA 33167

(City/State/Zip)

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Having been named as registered agent and to accept service of process for the 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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Marie St. Fleur
(Signature) M. E. ST. F.

8/18/03
(Date)