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(Requestor's Name)

(Address)

(Address)

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A handwritten signature or initials, possibly 'PA', located at the bottom center of the page.



**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:

Homeland Health Care Provider, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:  
527 16th Ave. South / 2063 62nd Terrace South

St. Petersburg, Fl. 33701 / St. Petersburg Fl. 33712

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
To render home health care

**ARTICLE IV SHARES**

The number of shares of stock is:

10

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Micheline Scharoun President  
2063 62nd Terrace South  
St. Petersburg, Florida 33712

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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Micheline Scharoun  
2063 62nd Terrace South  
St. Petersburg, Fl. 33712

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Micheline Scharoun  
2063 62nd Terrace South  
St. Petersburg, Fl. 33712

\*\*\*\*\*

*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*

Micheline Scharoun  
Signature/Registered Agent

10/10/07  
Date

Micheline Scharoun  
Signature/Incorporator

10/10/07  
Date

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