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A1a incorporation

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CSH SERVICES, LLC
Account Number : 20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

****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

National Home Health Care Volusia, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 NOV - 1 AM 10:20

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TALLAHASSEE, FLORIDA

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A1a Incorporation

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ARTICLES OF INCORPORATION

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

NATIONAL HOME HEALTH CARE VOLUSIA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

13568 HIDDEN FOREST CIRCLE
ORLANDO, FLORIDA 32828

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR, PRESIDENT, TREASURER
EMAD MOSAAD
13568 HIDDEN FOREST CIRCLE
ORLANDO, FLORIDA 32828

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Nov 04 10 02:01p

A1a Incorporation

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-H-10000241095.3
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PAGE 2 NATIONAL HOME HEALTH CARE VOLUSIA, INC.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

EMAD MOSAAD
13568 HIDDEN FOREST CIRCLE
ORLANDO, FLORIDA 32828

ARTICLE VII INCORPORATOR

The name and street address of the incorporator is:

EMAD MOSAAD
13568 HIDDEN FOREST CIRCLE
ORLANDO, FLORIDA 32828

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.



EMAD MOSAAD / Registered Agent

11-3-2010

Date



EMAD MOSAAD / Incorporator

11.03.2010

Date

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