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(((H210002247013)))



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

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

E11	Address.			

FLORIDA PROFIT/NON PROFIT CORPORATION MIRANDA HOME HEALTH THERAPY SERVICES INC

Certificate of Status	0
Certified Copy	ı
Page Count	03
Estimated Charge	\$78.75

from:

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

NAME: The name of the corporation is:

ARTICLE I NAME: The name of the corporation is:							
Miranda Home Health Therapy Services INC							
ARTICLE II PRINCIPAL OFFICE:							
The principal street address and mailing address is: 9000 Sharidan St Suite #162							
9000 Sheridan et Suite #162 PENDIORE Pines FL 33024							
ARTICLE III SHARES: The number of shares of stock is:							
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:							
Julio Miranda Quentaba 01							
JUN -7 PM 12: N3 LAHASSEE, ILORD							
LOSE 12:							
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:							
Julio Miranda Quintana anno Specidan St Suite #162							
9000 a rendant							
Pembroke Pines F1 33024							
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:							
JU110 1 111ances							
Pembioke Pines F1 33024							
remornice III co							

Required Signatures:

riaving been named as registered accounts	
corporation at the place designated in this corporation at the place designated in this corporation appointment as registered agent	cept service of process for the above state 1
the place designated in this co	ertificate. Lam familian with
appointment as registered agent	and accept the
o - viou afent	and agree to act in this capacity

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.

Incorporator Date

21 JUH -7 PH 12: 43
SLUKETATO A PRIORIDA
TALLAHASSEE, FLORID