

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000148249 3)))



H170001482493ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
 Account Number : I28000000019
 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.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ADVANCED HOME HEALTH SERVICES CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

17 JUN -2 PM 12:03

DIVISION OF CORPORATIONS
 BUREAU OF COMMERCIAL
 INFORMATION SERVICES

FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

17 JUN -2 AM 8:46

APPROVED
 AND
 FILED

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 05 2017

T. SCOTT

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Advanced Home Health Services Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1040 SW 70th AVEC333MIAMI, FL 33144**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Lucia B Perera Alcantara

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Lucia B Perera Alcantara1040 SW 70th AVE C333Miami FL 33144**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Lucia B Perera Alcantara1040 SW 70th AVE C333Miami FL 33144

H17000148249

APPROVED
AND
FILED

17 JUN -2 AM 8:46

CLERK OF STATE
TALLAHASSEE, FLORIDA

Required Signatures:

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

Lucie Perera 6/1/17
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.817.135, F.S.

Lucie Perera 6/1/17
Incorporator Date

H17000148249