

# N00000006401

TRANSMITTAL LETTER

July 21, 2000

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 SEP 25 PM 2:45

SUBJECT: National Home Health Care, Inc.  
(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 78.75

FROM:

Marlene Joseph  
Name

12210 N.E. Miami Place, Miami, Florida 33161  
Address

Miami, Florida 33161  
City, State, & Zip

(305) 687-6554  
Telephone Number

300003336973-2  
-07/26/00--01083--012  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

2544  
1000-188460  
632  
6260

g/a/26/00

Sep. 22 - 2000

National Home  
Health Nurses Inc.  
1800 WEST 49TH ST.  
SUITE 215  
HIALEAH, FL.  
33012

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
00 SEP 25 PM 2:45

Dear MS Golden,

Per your instruction,  
article V has been  
~~a~~ corrected.

Please do not send  
mail to the old address  
of 12210 NE Miami PL.

Our correct address  
is:

1800 WEST 49TH Street  
SUITE 215  
HIALEAH, FL. 33012  
phone (305) 558-1730

Thank you  
Joyce Davis



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 SEP 25 PM 2:46

September 18, 2000

MARLENE JOSEPH  
12210 NE MIAMI PLACE  
MIAMI, FL 33161

SUBJECT: NATIONAL HOME HEALTH CARE, INC.  
Ref. Number: W00000018846

We have received your document for NATIONAL HOME HEALTH CARE, INC..  
However, the document has not been filed and is being returned for the following:

Section 617.0202(d), Florida Statutes, requires the manner in which directors are  
elected or appointed be contained in the articles of incorporation or a statement  
that the method of election of directors is as stated in the bylaws.

Please return the original and one copy of your document, along with a copy of  
this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call  
(850) 487-6973.

Claretha Golden  
Document Specialist

Letter Number: 500A00049080



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 SEP 25 PM 2:46

August 31, 2000

MARLENE JOSEPH  
12210 NE MIAMI PLACE  
MIAMI, FL 33161

SUBJECT: NATIONAL HOME HEALTH NURSES, INC.  
Ref. Number: W00000018846

We have received your document for NATIONAL HOME HEALTH NURSES, INC.. However, the document has not been filed and is being returned for the following:

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the corporation is being organized.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6973.

Claretha Golden  
Document Specialist

Letter Number: 600A00046619



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AT THE OFFICE OF THE  
CLERK OF THE  
CORPORATIONS

00 SEP 25 PM 2:46

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

July 28, 2000

MARLENE JOSEPH  
12210 NE MIAMI PLACE  
MIAMI, FL 33161

SUBJECT: NATIONAL HOME HEALTH CARE, INC.  
Ref. Number: W00000018846

We have received your document for NATIONAL HOME HEALTH CARE, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6973.

Claretha Golden  
Document Specialist

Letter Number: 700A00041244

**ARTICLES OF INCORPORATION**

**OF**

National Home Health Nurses, Inc.

FILED  
CLERK OF STATE  
OFFICE OF CORPORATIONS  
00 SEP 25 PM 2:46

The undersigned, acting as incorporators of a Corporation pursuant to Chapter 617, Florida Statutes, adopt the following Articles of Incorporation for such Corporation:

**ARTICLE I**

The name of the corporation shall be:

National Home Health Nurses, Inc.

The principal place of business of this corporation shall be:

1800 West 49<sup>th</sup> Street, Suite #215, Hialeah, Florida 33012

**ARTICLE II**

The period of duration of this corporation is perpetual unless dissolved according to law.

**ARTICLE III**

The purposes for which the corporation is organized are:

1. To establish a home health agency in Dade County, Florida, to serve the residents thereof.
2. To produce and provide charitable HIV/AIDS educational materials to the residents of Miami, Florida.

**ARTICLE IV**

The qualifications for members and the manner of their admission are:

1. Membership is open to men and women of all races and all nationalities.

2. Admission into membership shall be based upon application and acceptance of such application by the Board of Directors, after due consideration of the merit of the applicant on educational and moral backgrounds.

## **ARTICLE V**

Directors shall be elected in accordance with the guidelines stated in the bylaws. The number constituting the initial Board of Directors, and the initial incorporators, of the corporation is three. Their names and addresses are as follows:

Margarette Abelard (Director)  
6744 Pansy Drive  
Miramar, Florida 33023

Lynette Innis (Director)  
7041 Sunset Strip  
Sunrise, Florida 33331

Joyce Davis (Director/Treasurer)  
1800 West 49<sup>th</sup> Street, Suite #215  
Hialeah, Florida 33012

## **ARTICLE VI**

The corporation is not-for-profit and, therefore, is organized on a non-stock basis.

## **ARTICLE VII**

In the event of dissolution, the residual assets of the corporation will be turned over to one or more organizations described in Sections 501(c)(3) and 170(c)(2) of the Internal Revenue Code of 1954 or corresponding sections of any prior or future law, or to the Federal, State, or Local Government for exclusive public purpose.

**ARTICLE VIII - INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent are:

Joyce Davis  
1800 West 49<sup>th</sup> Street, Suite #215  
Hialeah, Florida 33012


**ARTICLE IX - CERTIFICATION**

IN WITNESS WHEREOF, the undersigned incorporator, on behalf of all other incorporators of this corporation, has executed these Articles of incorporation this 22 day of Sept, 2000.

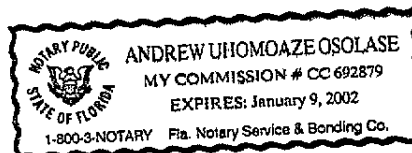
  
Name and Signature of Incorporator

STATE OF FLORIDA  
COUNTY OF DADE

THE FOREGOING instrument was acknowledge and sworn to before me this 22<sup>nd</sup> day of September, 2000, by Joyce Davis  
(Name of Incorporator)  
of National Home Health Nurses, Inc.  
(Name of Corporation)

  
Notary Public

My commission expires: 1/9/2002





**CERTIFICATE DESIGNATING**  
**REGISTERED AGENT/REGISTERED OFFICE**

FILED  
OFFICE OF STATE  
CORPORATIONS

00 SEP 25 PM 2:46

Pursuant to the provisions of Section 607.325, 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: National Home Health Nurses, Inc.
2. The name and address of the registered agent and office are:

Joyce Davis  
1800 West 49<sup>th</sup> Street, Suite #215  
(P.O. Box not acceptable)  
Hialeah, Florida 33012  
(City/State/Zip)

SIGNATURE: Joyce Davis  
Joyce Davis (Corporate Officer)

TITLE: Director/Treasurer

DATE: Sept 22, 2000

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE: Joyce Davis  
(Registered Agent)

DATE: Sept 22, 2000