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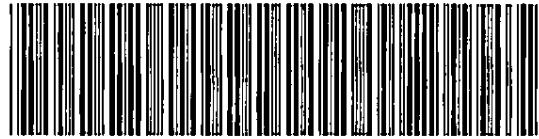
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2020 JUL 29 PM 4:21
CLERK OF STATE
TALLAHASSEE, FL

TRANSMITTAL LETTER

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

Subject: Simmonds Family Home Health Care Agency, Corp.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and (1) copy of the Articles of Incorporation and a check for

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee Certified Copy & Certificate

From: Susan S. Simmonds
Name (Printed or Typed)

1830 Rutland Street
Address

Opa-Locka, Florida 33054
City, State, Zip

Telephone: (786) 720-2825

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2020 JUL 29 PM 4:21
TALLAHASSEE, FL
STATE

Articles of Incorporation For

Simmonds Family Home Health Care Agency, Corp.

The undersigned subscriber to these Amended Articles of Incorporation, desiring to form a Not-For-Profit Corporation under the laws of the State of Florida, do hereby accept all of the rights and privileges, benefits and obligations conferred and imposed by said laws and hereby adopt the following Articles of Incorporation as the Charter of the Corporation hereby organized.

Article I. Corporate Name

The Name(s) of this Corporation shall be:

Simmonds Family Home Health Care Agency, Corp.

***Principle Address: 1830 Rutland Street
Opa-Locka, Florida 33054***

Article II. Terms of Existence

This Corporation shall have perpetual Existence.

Article III. Purpose and Powers

Said Corporation is organized exclusively for charitable, religious, scientific, and educational purposes, including for such purposes the making of distributions to organizations that qualify as exempt organizations under section 501 (c)(3) of the Internal Revenue Code or corresponding section of any future Federal tax code. To present a set of programs, projects, services, classes, seminars, and lectures pertaining to Home Health Care and patient Companions. To provide training, employability skills in the allied health field and home health care. To provide on the job training and employment to RNs, LPNs, CNAs and Companions. For their socioeconomic stability. To network with other Governmental Agencies, CBOs and FBO to enhance our programming and service capabilities.

No part of the of the net earnings of the Corporation shall inure to the benefit of, or be distributed to its members, trustees, directors, officers and other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of Section 501 (c)(3) purposes. No substantial part of the activities of the Corporation shall be in carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of, or in opposition to any candidate for public office.

Notwithstanding any other provision of the Articles, the Corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from Federal Income Tax under Section 501 (c)(3) of the Internal Revenue Code, or corresponding section of any further Federal tax code.

Upon dissolution of this Corporation, assets shall be distributed for one or more exempt purposes with the meaning of Section 501 (c)(3) of the Internal Revenue Code, or corresponding section of any further Federal tax code, or shall be distributed to the Federal Government, or to a state or local government, for a public purpose.

Article IV. Capital Stock

There will be no capital stock in this corporation.

Article V. Initial Capital

The initial capital with which this corporation may be in business shall not be less than One Hundred Dollars (\$100.00).

Article VI. Directors

This Corporation shall have one Executive Director initially and one other respective Director who were elected through parliamentary procedure. The number of directors may be increased or diminished from time to time by the Bylaws of the Corporation.

The name(s) and mailing address of the initial director who shall hold office until his/her successor or successors are elected and have qualified is as follows:

*Susan S. Simmonds, Executive Director
1830 Rutland Street
Opa-Locka, Florida 33054*

Article VII. Officers

The names , address and offices of the Officers who will serve until the first election or appointment under these Articles of Incorporation are:

<u>Names</u>	<u>Street Address</u>	<u>Office</u>
<i>Susan S. Simmonds</i>	<i>1830 Rutland Street, Opa-Locka Florida 33054</i>	<i>Executive Director</i>
<i>Nerissa Simmonds</i>	<i>1830 Rutland Street, Opa-Locka Florida 33054</i>	<i>Director</i>
<i>Shannon Campbell</i>	<i>1830 Rutland Street, Opa-Locka Florida 33054</i>	<i>Director/Secretary/Treasurer</i>

Article VIII. Registered Agent and Registered Office

The Corporation's Registered Agent for service in the state of Florida shall be:

Susan S. Simmonds, Registered Agent

The address of the registered office of this Corporation shall be:

1830 Rutland Street, Opa-Locka Florida 33054

Article IX. Amendments


This Corporation reserves the rights to amend, alter, modify or repeal any provision or provisions contained in these Articles of Incorporation, any amendment hereto in the manner now or hereafter prescribed by Statues of the State of Florida, any rights and powers conferred upon the Directors and Board of Advisors herein are granted subject to this reservation.

Article X. Incorporator

The name and mailing address of the Incorporator is as follows:

***Susan S Simmonds. Executive Director
1830 Rutland Street
Opa-Locka, Florida 33054***

IN WITNESS WHEREOF, the above named Incorporator, Director, Registered Agent has hereunder subscribed his/her name, this 23 day of July, 2020.



Susan S. Simmonds, Incorporator

2020 JUL 29 PM 4:21
STATE
FL

Certificate of Designation

Registered Agent/Registered Office

PURSUANT to the provisions of Section 607.0501 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:

Simmonds Family Home Health Agency , Corp.

2. The name and address of the registered agent and office is:

***Susan S Simmonds. Executive Director
1830 Rutland Street
Opa-Locka, Florida 33054***

Signature: *Susan S. Simmonds*
Corporate Officer

Title: Registered Agent/Executive Director

Dated: 07/23/2020

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2020 JUL 29 PM 4:22
STATE
OF FLORIDA

Having been named Registered Agent and to accept service of process for the above stated Corporation at the place designated in this certificate. I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Signature: *Susan S. Simmonds*