

TRANSMITTAL LETTER

P00000028116

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

700003131567--7
-02/10/00--01096--006
*****78.75 *****78.75

SUBJECT: Josephine Quality Home Health Care
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: LILLIETH J. DOUGLAS
Name (Printed or typed)

1445 BRampton COVE
Address

Wellington FL 33414
City, State & Zip

1-561-753-8956
Daytime Telephone number

FILED
00 MAR 20 AM 8:39
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

W-4639

C.C.
3-21-00



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 21, 2000

LILLIETH J. DOUGLAS
1445 BRAMPTON COVE
WELLINGTON, FL 33414

SUBJECT: JOSEPHINE QUALITY HOME HEALTH CARE
Ref. Number: W00000004639

We have received your document for JOSEPHINE QUALITY HOME HEALTH CARE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 487-6926.

Cheryl Gallmon-Case
Document Specialist

Letter Number: 600A00009069

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: JOSEPHINE Quality Home Health
Care Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: Principal Place of Business
1501 Forest Hill Blvd
West Palm Beach FL 33406 Suite 103
Mailing address 1445 Brampton Cove Wellington
FL 33414

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

(1) One

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: Lillieth Douglas
1445 BRAMPTON COVE
Wellington, FL 33414

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: Lillieth Douglas
1445 BRAMPTON COVE
Wellington FL 33414
561-753-8956

Lillieth J Douglas
Signature/Incorporator

2.7.00
Date

(An additional article must be added if an effective date is requested.)

Having been named as 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

Lillieth J Douglas
Signature/Registered Agent

2.7th.00

Date

FILED
MAR 20 AM 8:39
STATE OF FLORIDA
ALSO FILED