

TRANSMITTAL LETTER

P00000105940

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

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-10/30/00--01114--015
*****78.75 *****78.75

SUBJECT: AAA HOME CARE INC.
(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

FILED
00 NOV 13 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: CONSUELO P. MAYRIDIS
Name (Printed or typed)
239 S.W. 29. RD.
Address
MIAMI, FLORIDA 33129
City, State & Zip
305-858-8501
Daytime Telephone number

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

W-26090

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

October 31, 2000

CONSUELO P. MAVRIDIS
239 SW 29 RD.
MIAMI, FL 33129

SUBJECT: AAA HOME CARE INC.
Ref. Number: W00000026090

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

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) 487-6929.

Joey Bryan
Document Specialist

Letter Number: 400A00056528

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

AAA HOME HEALTH CARE INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1800 S.W. 27 AVE

MIAMI, FLORIDA 33145

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE HOME CARE HEALTH SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

JOSE L. FERREIROS

VICE - PRESIDENT

5811 S.W. 9 TERRACE

MIAMI, FL. 33144

CONSUELO P. MAYRIS

PRESIDENT

239 S.W. 29 RD.

MIAMI, FL. 33129

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

CONSUELO P. MAYRIS

239 S.W. 29 RD.

MIAMI, FLORIDA 33129

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CONSUELO P. MAYRIS

239 S.W. 29 RD.

MIAMI, FL. 33129

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

Consuelo Mayris

Signature/Registered Agent

November 7/00

Date

Consuelo Mayris

Signature/Incorporator

November 7/00

Date

FILED
00 NOV 13 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA