

P00000116623

TRANSMITTAL LETTER

FILED  
00 DEC 18 PM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

700003504627--8  
-12/19/00-01007-018  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: FIRST CALL HOME HEALTH 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

FROM: KEISHA MONTAQUE-THOMPSON  
Name (Printed or typed)

4171 NW 52 AVE  
Address

LAUDERDALE LAKES, FL 33319  
City, State & Zip

(954) 484-9077

Daytime Telephone number

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

C B 12-23

# 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:

FIRST CALL HOME HEALTH CARE, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4171 NW 52 AVE  
LAUDERDALE LAKES, FL 33319

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

## ARTICLE IV SHARES

The number of shares of stock is:

100,000

## ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

Keisha Montaque-Thompson - PD	Neil Shim-You - VD
4171 NW 52 Avenue	4171 NW 52 Avenue
Lauderdale Lakes, FL 33319	Lauderdale Lakes, FL 33319

Neil Shim-You - TD  
4171 NW 52 Avenue  
Lauderdale Lakes, FL 33319

## ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

Keisha Montaque-Thompson  
4171 NW 52 Avenue  
Lauderdale Lakes, FL 33319

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator are:

Keisha Montaque-Thompson  
4171 NW 52 Avenue  
Lauderdale Lakes, FL 33319

\*\*\*\*\*  
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.

Thompson  
Signature/Registered Agent

Thompson  
Signature/Incorporator

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