

## TRANSMITTAL LETTER

Po/0000026126

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

SUBJECT: FAITH HOME INFUSSION, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

400003829624--6  
-03/09/01--01148--010  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

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: FAITH HOME INFUSSION, INC.  
Name (Printed or typed)

14165 TAMPA PARK PLAZA  
Address

TAMPA FLORIDA 3360  
City, State & Zip

913-209-9399  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAR -9 PM 4:07

FILED

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

gk 3/13

# 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:

FAITH HOME INFUSSION, INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

1465 Tampa Park Plaza  
Tampa FLORIDA 33605

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE INTREVENOUS MEDICATION AND TREATMENTS  
TO HOME BOUND PATIENTS WHO WOULD OTHERWISE REQUIRE  
HOSPITALIZATION

## ARTICLE IV SHARES

The number of shares of stock is: ~~1000~~

1000

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

① CELINA OKPALEKE, PAC  
1465 TAMPA PARK PLAZA  
TAMPA FL 33605

② BEVERLY EUBANKS-NURSE  
10610 N. 38th St. #29C  
TAMPA FL. 33612

## ARTICLE VI REGISTERED AGENT

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

CELINA OKPALEKE-PAC  
1465 TAMPA PARK PLAZA  
TAMPA FL 33605

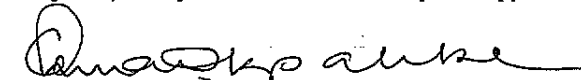
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CELINA OKPALEKE-PAC  
1465 TAMPA PARK PLAZA  
TAMPA FL 33605

\*\*\*\*\*

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



Signature/Registered Agent

3/6/01

Date



Signature/Incorporator

3/6/01

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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