

PO1000060328

Requester's Name

JEFFREY HYMAN

Tax Accountant

City/State

9301 NE 6th Ave. Suite 301  
Miami Shores, FL 33138

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

300004422813--5

-06/15/01--01074--002  
\*\*\*\*\*20.00 \*\*\*\*\*70.00

1. \_\_\_\_\_  
(Corporation Name) (Document #)

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(Corporation Name) (Document #)

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01 JUN 15 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

AMENDMENTS

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

OTHER FILINGS

- ☐ Annual Report  
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

CR2E031(7/97)

No Copy

Examiner's Initials

G. BULLOCK JUN 18 2001

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**ARTICLES OF INCORPORATION**

**OF**

**ALL AMERICAN HEALTH CARE AGENCY, INC.**

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**01 JUN 15 AM 11:43**  
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**TALLAHASSEE, FLORIDA**

The undersigned incorporator to these Articles of Incorporation, a natural person competent to contract, hereby associates himself to form a corporation under the laws of the State of Florida.

**ARTICLE I**

The name of the corporation is:

**ALL AMERICAN HEALTH CARE AGENCY, INC.**

**ARTICLE II**

The nature of the business:

- a. To engage in health care services.
- b. To buy, sell, lease, rent, manufacture, produce and generally trade in, store, carry transport all kinds of equipment, goods, wares, merchandise, provisions and supplies.
- c. To acquire by purchase or otherwise own, hold, buy, sell, convey, lease, mortgage or encumber real estate or other property, personal or mixed.
- d. To engage in any other lawful business or businesses and to exercise and enjoy all rights, powers and privileges incident to the corporation for profit, by virtue of the laws and Constitution of the State of Florida.

**ARTICLE III**

Capital Stock:

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is **1,000 @ \$ 1.00 par value**. All of said stock shall be payable in cash, property real or personal, labor or services in lieu of cash, at a just valuation to be fixed by the Board of Directors of this Corporation.

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**ARTICLE IV**

Initial Capital:

The amount of capital with which the corporation shall begin business is \$ 1,000.

**ARTICLE V**

Term of existence:

The corporation shall exist perpetually.

**ARTICLE VI**

The number of initial directors on the Board of Directors of the Corporation is (1)  
The number of directors may be increased or decreased from time to time by the By-Laws adopted by the stockholders, but shall never be less than (1).

**ARTICLE VII**

The name and post office address of each member of the first Board of Directors is:

**Augustina Muo**  
**1090 NE 129th Street # 305**  
**North Miami, FL 33161**

**ARTICLE VIII**

The name and address of the incorporator:

**Jeffrey Hyman**  
**9301 NE 6th Ave.**  
**Suite 301**  
**Miami Shores, Fl. 33138**

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#### **ARTICLE IX**

The Corporation's initial registered agent and registered office in the State of Florida shall be:

**Augustina Muo  
1090 NE 129th Street # 305  
North Miami, FL 33161**

#### **ARTICLE X**

The mailing address of the Corporation is:

**All American Health Care Agency, Inc.  
1090 NE 129th Street # 305  
North Miami, FL 33161**

#### **ARTICLE XI**

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders, and approved at the stockholders meeting by a majority of the stockholders entitled to vote thereon, unless all of the directors and all of the stockholders sign a written statement expressing their desire that a certain change be made in these Articles of Incorporation.

#### **ARTICLE XII**

Subject to qualification, the Corporation may elect to be a Sub-Chapter S corporation, pursuant to the laws of the United States and the Internal Revenue Service.

WITNESS the hand of incorporator this 12th day of June , 2001

A handwritten signature in black ink, appearing to read 'Jeffrey Hyman', written over a horizontal line.

**Incorporator**  
**Jeffrey Hyman**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE DESIGNATING REGISTERED AGENT  
FOR SERVICE OF PROCESS**

Pursuant to Chapter 48,091 of the Florida Statutes, the following is submitted, in compliance with said Act: that **ALL AMERICAN HEALTH CARE AGENCY, INC.** desiring to organize under the laws of the State of Florida, with its principle office in the County of Miami Dade, in the State of Florida, has named **Augustina Muo** to accept service of process within this State.

Having been named to accept service of process for the above stated corporation, at a place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said act relative to keeping open said office.

Augustina Muo  
**Augustina Muo**  
**Registered Agent**