

Pa 1000105998

TRANSMITTAL LETTER

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

000004660310--6
-10/31/01--01019--020
*****78.75 *****78.75

SUBJECT: **INTERAMERICAN HOME HEALTH CARE, CORP.**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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:

ANA FERNANDEZ

Name (Printed or typed)

398 EAST 33 ST. SUITE # 204

Address

HIALEAH, FL. 33013

City, State & Zip

Daytime Telephone number

FILED
01 OCT 31 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FL 09011

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

11-2-01
200

ARTICLES OF INCORPORATION

ARTICLE ONE

NAME:

THE NAME OF THE CORPORATION SHALL BE:

INTERAMERICAN HOME HEALTH CARE, CORP.

ARTICLE TWO

NATURE OF BUSINESS:

THIS CORPORATION MAY ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES OF AMERICA.

ARTICLE THREE

TERM OF EXISTENCE

THIS CORPORATION SHALL HAVE PERPETUAL EXISTENCE UNLESS SOONER DISSOLVED IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA. THE DATE ON WHICH CORPORATE EXISTENCE SHALL BEGIN IS; 10/25/01

ARTICLE FOUR

MINIMUM CAPITAL:

THE AMOUNT OF CAPITAL WITH WHICH THE CORPORATION SHALL BEGIN BUSINESS SHALL NOT BE LESS THAN TWO-HUNDRED FIFTY DOLLARS (\$250.00) OR SUCH GREATER AMOUNT AS MAY BE REQUIRED BY LAW. THE BEGINNING AMOUNT OF CAPITAL IS:

\$ 2000.00

ARTICLE FIVE

NUMBER OF DIRECTORS

THIS CORPORATION SHALL AT ALL TIMES HAVE AT LEAST ONE DIRECTOR WHICH A CITIZEN OR RESIDENT OF THE UNITED STATES OF AMERICA. THE STOCKHOLDERS OF THE CORPORATION MAY FROM TIME TO TIME, AND AT ANY TIME, INCREASE OR DIMINISH THE SIZE OF THE BOARD OF DIRECTORS OF THIS CORPORATION, PROVIDED THAT THE CORPORATION SHALL AT ALL TIMES HAVE A MINIMUM OF ONE DIRECTOR.

ARTICLE SIX

CLASSES OF DIRECTORS:

THE BY LAWS OF THE CORPORATION MAY PROVIDE THAT THE DIRECTORS BE DIVIDED INTO TWO OR MORE CLASSES WHOSE TERMS OF OFFICE SHALL RESPECTIVELY EXPIRE AT DIFFERENT TIMES, PROVIDED THAT NO SUCH TERMS SHALL CONTINUE LONGER THAN THREE (3) YEARS, AND PROVIDED FURTHER THAT AT LEAST ONE-FOURTH IN NUMBER OF DIRECTORS SHALL BE ELECTED ANNUALLY.

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ARTICLE SEVEN

THIS CERTIFICATE OF INCORPORATION MAY BE AMENDED IN ANY MANNER CONSISTENT WITH THE LAWS OF THE STATE OF FLORIDA.

ARTICLE EIGHT CAPITAL STOCK

THIS CORPORATION IS AUTHORIZED TO ISSUE SHARES OF STOCK AS FOLLOWS:

- A. DESIGNATION: THE STOCK OF THIS CORPORATION SHALL BE KNOWN AS COMMON STOCK.**
- B. AUTHORIZED: THE MAXIMUM NUMBER OF SHARES OF COMMON STOCK THAT THIS CORPORATION MAY ISSUE IS 50 SHARES.**
- C. PAR VALUE: EACH SHARE OF COMMON STOCK SHALL HAVE THE PAR VALUE OF : NO PAR**
- D. CONSIDERATION: SHARE OF COMMON STOCK MAYBE ISSUED IN EXCHANGE FOR CAS REAL PROPERTY, LABOR OR SERVICES RENDERED, OR ANY OF THE FOREGOING COMBINATIONS, THE JUDGMENT OF THE BOARD OF DIRECTORS AS TO THE VALUE OF ANY SUCH CONSIDERATION SHALL BE CONCLUSIVE**
- E. NONASSESABILITY: EACH SHARE OF COMMON STOCK SHALL BE ISSUED IN EXCHANG FOR CONSIDERATION WHICH IS AT LEAST EQUAL TO THE PAR VALUE THEREOF, AND SHALL BE FULLY PAID AND NONASSESSABLE**
- F. VOTING RIGHTS: EACH SHARE OF COMMON STOCK SHALL ENTITLE THE RECORD HOLDER THEREOF TO ONE VOTE UPON EACH PROPOSAL PRESENTED AT MEETING OF THE STOCKHOLDERS OF THE CORPORATION.**
- G. ACCUMULATIVE VOTING. NO HOLDER OF COMMON STOCK SHALL BE ENTITLED TO ANY RIGHT OF ACCUMULATIVE VOTING.**
- H. DIVIDENDS: RECORD HOLDERS OF COMMON STOCK ARE ENTITLED TO RECEIVE THEI PRO-RATA SHARE OF ANY ASSETS OF THIS CORPORATION REMAINING AFTER PAYMEN OF ALL CORPORATE DEBTS AND OBLIGATIONS.**

**REGISTERED AGENT
SUBSCRIBER INITIAL DIRECTOR AND**

INITIAL PRINCIPAL OFFICE

THE UNDERSIGNED INDIVIDUAL, A UNITED STATES CITIZEN OR RESIDENT COMPETENT TO CONTRACT EXECUTES THIS CERTIFICATE OF INCORPORATION AS SOLE SUBSCRIBER, INITIAL DIRECTOR, AND FIRST REGISTERED AGENT. THE UNDERSIGNED INDIVIDUAL SHALL HOLD OFFICE AS A DIRECTOR AND REGISTERED AGENT UNTIL HIS SUCCESSORS HAVE QUALIFIED, FOLLOWING THEIR ELECTION OR APPOINTMENT. THE STREET ADDRESS OF SUCH INDIVIDUAL SHALL BE THE INITIAL STREET ADDRESS IN FLORIDA OF THE PRINCIPAL OFFICE OF THIS CORPORATION. THIS CORPORATION MAY CHANGE ITS REGISTERED AGENT AND PRINCIPAL OFFICE AT ANY TIME.

SUBSCRIBER/ REGISTERED AGENT:

NAME: ANA FERNANDEZ

SS#: 590-04-9356

STREET ADDRESS/ PRINCIPAL OFFICE: 398 EAST 33 ST SUITE # 204, HIALEAH, FL. 33013

DIRECTOR:

NAME: MARIA EUGENIA RUEDA (50% STOCKS)

SS#: 589-51-8935

ADDRESS: 13206 SW. 10 TERR. MIAMI, FL. 33184

PRESIDENT NAME: ANA FERNANDEZ (50% STOCK)

SS#: 590-04-9356

IN WITNESS WHEREOF THE UNDERSIGNED SUBSCRIBER DOES, MAKE SUBSCRIBE, ACKNOWLEDGE AND FILE THIS CERTIFICATE FOR THE PURPOSE OF FORMING A CORPORATION FOR PROFIT UNDER THE LAWS OF THE STATE OF FLORIDA.

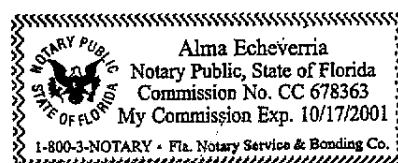
DATE: 10/16/2001 SIGNATURE: Ana Fernandez Maria Eugenia Rueda

STATE OF FLORIDA/COUNTY OF DADE

BEFORE ME, ALMA ECHEVERRIA, THE UNDERSIGNED AUTHORITY, PERSONALLY APPEARED, ANA FERNANDEZ AND MARIA EUGENIA RUEDA TO ME WELL KNOWN, AND KNOWN TO ME THE INDIVIDUAL DESCRIBED IN, AND WHO EXECUTED THE FOREGOING CERTIFICATE OF INCORPORATION, AND WHO ACKNOWLEDGE BEFORE ME THAT THE SAME WAS EXECUTED FOR THE PURPOSE THEREIN EXPRESSED. IN WITNESS WHEREOF I HAVE HEREUNTO AFFIXED MY HAND AND OFFICIAL SEAL, AT HIALEAH, DADE COUNTY, FLORIDA.

DATE: 10/16/2001 Alma Echeverria

Alma Echeverria Notary Public



**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF
PROCESS WITHIN THIS STATE, NAMING AN AGENT UPON WHOM PROCESS MAY BE SERVED**

.....
**IN PURSUANCE OF CHAPTER 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED,
COMPLIANCE WITH SAID ACT.**

**FIRST THAT : INTERAMERICAN HOME HEALTH CARE, CORP. _____
DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA WITH ITS PRINCIPAL
OFFICE AS INDICATED IN THE ARTICLES OF INCORPORATION AT THE CITY OF: HIALEAH _____**

**COUNTY OF: MIAMI-DADE, STATE OF FLORIDA, HAS NAMED REGISTERED AGENT:
ANA FERNANDEZ _____
LOCATED AT: 398 EAST 33TH STREET SUITE # 204, HIALEAH, FL. 33013 _____
COUNTY OF: MIAMI DADE, STATE OF: FLORIDA**

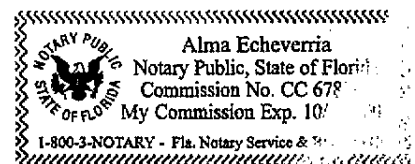
AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN THIS STATE.

.....
ACKNOWLEDGMENT:

**HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED
CORPORATION, AT THE PLACE DESIGNATED IN THE CERTIFICATE, I HEREBY ACCEPT TO
ACT IN THIS CAPACITY, AND AGREE TO COMPLY WITH THE PROVISION OF SAID ACT
RELATIVE TO KEEPING OPEN SAID OFFICE.**

Ana E. Fernandez
**ANA FERNANDEZ
(REGISTERED AGENT)**

Alma Echeverria
**ALMA ECHEVERRIA
NOTARY PUBLIC**



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