

TRANSMITTAL LETTER

P020000017271

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

SUBJECT: Home Health Provider, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

400004864634--9
-02/04/02--01076--018
*****78.75 *****78.75

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: Neysi Gutierrez
Name (Printed or typed)

690 W 77 st.
Address

Hialeah, FL 33014
City, State & Zip

(305) 698-2594
Daytime Telephone number

FILED
02 FEB 14 PM 3:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

102-14-02
✓



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 7, 2002

NEYSI GUTIERREZ
690 W 77 ST
HIALEAH, FL 33014

SUBJECT: HOME HEALTH PROVIDER
Ref. Number: W02000003721

We have received your document for HOME HEALTH PROVIDER 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 corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please complete Article(s) I.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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) 245-6928.

Tim Burch
Document Specialist
New Filing Section

Letter Number: 602A00007745

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:

Home Health Provider, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

13200 NW 43 Ave. Bag F
Opalocka, FL 33054

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Home Health Care Services

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Neysi Gutierrez, President
690 W 77 St
Hialeah, FL 33014
owner: 50%

Isabel Camacho, Vice President
14401 NW 88 Pl
Miami, FL 33018
owner: 50%

ARTICLE VI REGISTERED AGENT

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

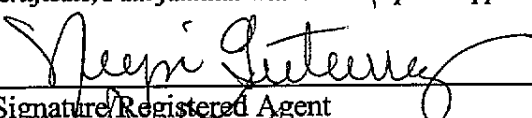
Neysi Gutierrez
690 W 77 St
Hialeah, FL 33014

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Isabel Camacho
14401 NW 88 Pl
Miami, FL 33018

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

Signature/Incorporator

2/11/02

Date
2/11/02

Date