# P0200057801

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

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SUBJECT:	JLTIMATE (PROPOSED CORPORA	HONG HE	LALTH CA	IRE, INC.
Enclosed is an origina	al and one(1) copy of the articl	es of incorporation and	a check for	·
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:		PERGZ inted or typed)		
	1501 S MiA Mi	ddress	33145	
	305-	State & Zip  Y Y 8 - 06 []  Jephone number	<del></del>	0,
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# ARTICLES OF INCORPORATION OF

ULTIMATE HOME HEALTH CARE, INC.

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SECRETARY OF STATE TALLAHASSEE FLORIDA

#### ARTICLE I

NAME: The name of this corporation is: ULTIMATE HOME HEALTH CARE, INC.

ADDRESS: The address of this corporation is: 13900 SW 144 TERRACE MIAMI, FL 33186

#### ARTICLE II

COMMENCEMENT OF EXISTENCE: This corporation shall commence to exist on the date of the subscription of these Articles if filed within five (5) days with the Secretary of State.

#### ARTICLE III

PURPOSE: This corporation is organized for the purpose of transacting any and all lawful business permitted under the laws of the United States and the State of Florida.

#### ARTICLE IV

CAPITAL STOCK: This corporation is authorized to issue 300 shares of \$1.00 par value common stock, which shall be the only class of shares.

#### ARTICLE V

PRE-EMPTIVE RIGHTS: Every shareholder upon the sale for cash of any new stock of this corporation of the same kind, or class of service as that which he /she already holds, shall have the right to purchase his/her pro rate share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

## ARTICLE VI

INITIAL REGISTERED OFFICE AND AGENT: The street address of the initial registered office of this corporation is: 13900 SW 144 TERRACE MIAMI, FL 33186

The name of the initial registered agent of the corporation at that address is: MARICELA DIAZ

# ARTICLE VII

INITIAL BOARD OF DIRECTORS: This corporation shall have 1 director(s) initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one. The name(s) and address(es) of the initial director(s) is/are:

NAME ADDRESS POSITION PERCENT OF OWNERSHIP

MARICELA DIAZ 13900 SW 144 TERRACE MIAMI, FL PRES/SEC./TREAS. 100.00 33186

## ARTICLE VIII

INCORPORATION: The name and address of the person signing these Articles of Incorporation is: MARICELA DIAZ

# ARTICLE IX

INDEMNIFICATION: The corporation shall indemnify any officer or director, or any former officer or director to the full extent permitted by law.

IN WITNESS HEREOF, the undersigned subscribed has executed these Articles of Incorporation this: 5/15/2002

STATE OF FLORIDA

COUNTY OF MIAMI DADE

BEFORE ME, the undersigned authority, personally appeared: MARICELA DIAZ to me known to be the person described as Subscriber in and who executed the foregoing Articles of Incorporation.

WITNESS my hand and official seal in the County and State aforesaid this 5/15/2002

NOTARY PUBLIC State of Florida at large

My commission expires:



CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT ON WHOM PROCESS MAY BE MADE:

Pursuant to section 607.0501, Florida Statutes, the following is submitted in compliance with said Act:

First, that: ULTIMATE HOME HEALTH CARE, INC. desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Incorporation in Miami, Dade County, Florida, has named: MARICELA DIAZ \_\_\_\_\_, as its agent to accept service of process within this State.

Having been named to accept service of process for the above stated corporation, at the 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.

Registered Agent

O2 MAY 23 AM 9: 14
SECRETARY OF STATE
TALL AHASSES FOR DEATH