

03/27/2003 23:28
DIVISION OF CORPORATIONS

NO. 995 D01
Page 1 of 2

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Florida Department of State
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To:
Division of Corporations
Fax Number : (880) 205-0381

From:
Account Name : BEST MEDICAL REHABILITATION, INC.
Account Number : I19990000019
Phone : (305) 345-7448
Fax Number : (305) 644-7272

FLORIDA PROFIT CORPORATION OR P.A.

Majestic Home Health Agency Inc.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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Articles of Incorporation

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The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

SECRETARY OF STATE
TALLAHASSEE FLORIDA**ARTICLE I NAME**

The name of the corporation shall be:

Majestic Home Health Agency Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1320 N.W. 7th Street
Miami, Florida 33125

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
The number shares which this corporation shall have the authority to issue is 100 shares of common stock NO PAR VALUE. Each share shall have equal rights to each other share with respect to dividends voting and in liquidation.

ARTICLE IV INITIAL REGISTERED AGENT & STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Barbara Sanabria
7150 Coolidge Street
Hollywood, Florida

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Barbara Sanabria
7150 Coolidge Street
Hollywood, Florida 33024

ARTICLE VI OFFICERS AND DIRECTORS

Barbara Sanabria - DP
7150 Coolidge Street
Hollywood, Florida 33024

Barbara Sanabria
Signature/Incorporator

03/26/03
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Barbara Sanabria
Signature/Registered Agent

03/26/03
Date

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