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Division of Corporations

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Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : HELDA M. OSORNO

Account Number : 120030000029 Phone : (305)266-6883 Fax Number : (305)266-6859

FLORIDA PROFIT CORPORATION OR P.A.

DADE COUNTY HOME &NURSING SERVICES, INC,

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

RTICLE NAME

The name of the corporation shall be: DADE COUNTY HOME HEALTH CARE & NURSING SERVICE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 10300 SW 53 ST MIAMI, FL. 33165

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated COMMON SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: AMARILYS RUBALCABA 10300 SW 53 ST MIAMI, FL. 33165

Prepared by: WORLD BUSINESS INTERNATIONAL, INC. 7171 CORAL WAY SUITE# 317
MIAMI, FL. 33155

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

GLORIA E. RODRIGUEZ 10300 SW 53 ST MIAMI, FL. 33165 **DIRECTOR & PRESIDENT**

AMARILYS RUBALCABA 10300 SW 53 ST MIAMI, FL. 33165

DIRECTOR & VICE-PRESIDENT

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

Signature

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the corporation is: DADE COUNTY HOME HEALTH CARE & NURSING SERVICE, INC.
- The name and address of the registered agent and office is: AMARILYS RUBALCABA 10300 SW 53 ST MIAMI, FL. 33165

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.

(SIGNATURE)

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