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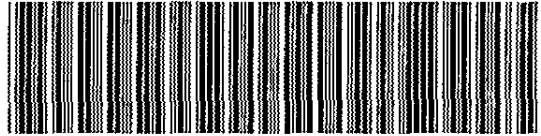
(Business Entity Name)

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TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

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CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. CATHE HOME HEALTH CARE, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**CERTIFICATE OF INCORPORATION
OF**

CATHE HOME HEALTH CARE, INC.

The undersigned subscribers to these Articles of Incorporation each a natural person competent to contract, hereby associate themselves together to form a corporation under the laws of State of Florida.

**ARTICLE ONE
NAME**

The name of this business Corporation shall be:

Cathe Home Health Care, Inc.

**ARTICLE TWO
NATURE OF BUSINESS**

This Corporation may engage in any activity or business permitted under laws of the United States of America and the laws of State of Florida.

**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:

UPON ACCEPTANCE BY THE SECRETARY OF STATE.

**ARTICLE FOUR
CAPITAL STOCK**

This Corporation is authorized to issue of stock as follow:

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:-----
-----One Hundred (100) Shares.

C.- Par Value: Each Share of common Stock shall have the par value of:-----
-----Ten Dollars (\$10.00) per value per Share.

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TALLAHASSEE, FLORIDA

D.- Consideration: Share of common stock may be issued in exchange for Cash, Real Property, Labor or Services rendered or any combination of the foregoing in the absence of fraud in the transaction, the judgement of the Board of the Directors as the value of any such consideration shall be conclusive.

E.- Non-Assessability: Each share of common stock shall be issued in exchange for consideration which is at least equal to the par value thereof and shall be fully paid and Non-Assesable.

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.- Cumulative: No holder of common stock shall be entitle to any right of cumulative voting.

H.- Dividends: Record holders of common stocks are entitle to receive their pro-rata share of any dividends that may be declared by Board of Directors out of assets legally available for such purpose

I.- Liquidation: Holders of common stocks are entitle in the event of the liquidation or dissolution of this Corporation to receive their pro-rata share of any assets of this Corporation remaining after payment of shall corporate debts and obligations.

ARTICLE FIVE MINIMUM CAPITAL

The amount of capital with which the Corporation shall begin shall not less than One Thousand Dollars (\$1,000.00), or such greater amount as may be required by law.

ARTICLE SIX ADDRESS

This initial post office address of principal office of this Corporation in the State of Florida is:

12436 S.W. 203 Terr.
Miami, Fl. 33177.

ARTICLE SEVEN NUMBER OF DIRECTORS

This Corporation shall at all times have at least one (1) initially, the number of Director may be increased or diminished from time to time in such manner as may be prescribed by the By-Laws, but shall never be less than one (1).

**ARTICLE EIGHT
FIRST BOARD OF DIRECTORS**

The names and Post Office addresses of the members of the First Board of Directors are:

PRESIDENT: Belkis Pouza. 12436 S.W. 203 Terr. Miami, Fl. 33177.

SECRETARY: Belkis Pouza. 12436 S.W. 203 Terr. Miami, Fl. 33177.

TREASURER: Belkis Pouza. 12436 S.W. 203 Terr. Miami, Fl. 33177.

**ARTICLE NINE
SUSCRIBER'S ADDRESSES**

The Post Office addresses of the suscribers of these Articles of Corporation, the number of Shares of Stock each agrees to take and value of the consideration thereof are:

Belkis Pouza, 12436 S.W. 203 Terr. Miami, Florida, 33177.

One Hundred (100) Shares at Ten Dollars (\$10.00) per value per Share.

**ARTICLE TEN
AMENDMENT**

This Certificate of Incorporation may be amended in any manner consistent with the Laws of the State of Florida.

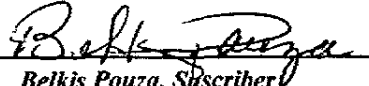
**ARTICLE ELEVEN
RESIDENT AGENT**

The Resident Agent of this Corporation is:

**Belkis Pouza
12436 S.W. 203 Terrace
Miami, Florida, 33177.**

The Corporation may change it's Resident Agent and principal office at any time.

IN WITNESS WHEREOF, the undersigned subscribers do make, suscribe, acknowledge and file this Certificate for the purpose of forming a Corporation for profit under the Laws of the State of Florida.


**Belkis Pouza, Subscriber
and Resident Agent.**

Date: May 1, 2003

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, 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:

CATHE HOME HEALTH CARE, INC.

2.- The name and address of the Registered Agent and Office is:

Belkis Pouza

(NAME)

12436 S.W. 203 Terrace

(P.O. BOX NOT ACCEPTABLE)

Miami, Florida, 33177

(CITY/STATE/ZIP)

SIGNATURE _____

Belkis Pouza
Belkis Pouza

TITLE: President

DATE: May 1, 2003.

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 REGISTER AGENT.

SIGNATURE _____

DATE: May 1, 2003.

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TALLAHASSEE, FLORIDA