

PO30000 83843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

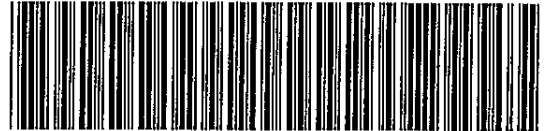
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

157/31/03

## TRANSMITTAL LETTER

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

SUBJECT: CARIB HOME HEALTH AGENCY Institute INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: Rainford Bowee  
Name (Printed or typed)

13325 SW 109 PLACE  
Address

Miami FL 33176  
City, State & Zip

305 667 9975  
Daytime Telephone number

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

# 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:

CARIB HOME HEALTH AGENCY Institute INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9719 South Dixie Hwy #15  
MIAMI FL 33156

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Employment Agency Institute  
To Train and place workers.

## ARTICLE IV SHARES

The number of shares of stock is:

One

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Rainford Bowes Director  
13325 S.W. 109 PLACE  
Miami FL 33176

## ARTICLE VI REGISTERED AGENT

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

Rainford Bowes  
13325 S.W. 109 PLACE  
Miami FL 33176

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Rainford Bowes  
13325 S.W. 109 PL  
Miami FL 33176

\*\*\*\*\*

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

Rainford Bowes  
Signature/Registered Agent

7/27/03  
Date

Rainford Bowes  
Signature/Incorporator

7/27/03  
Date

FILED  
03 JUL 28 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA