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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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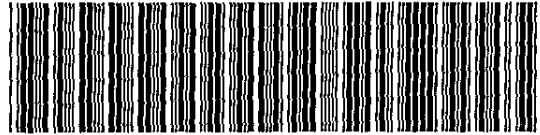
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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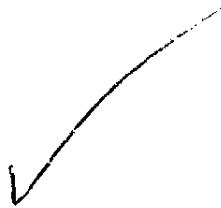


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 AUG 19 PM 2:46

8/21/03



TRANSMITTAL LETTER

August 14, 2003

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

SUBJECT: Florida Home Health Care Consultants, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and ^{two (2)}~~one (1)~~ copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Francisco J. Escalante, Esq.

Name (Printed or typed)

20 NW 181st Street

Address

Miami, FL 33169

City, State & Zip

305-770-1141

Daytime Telephone number

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

ARTICLES OF INCORPORATION
OF
FLORIDA HOME HEALTH CARE CONSULTANTS, INC.

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TALLAHASSEE, FLORIDA

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ARTICLE I

The name of the corporation shall be: **Florida Home Health Care Consultants, Inc.**

ARTICLE II

The principal place of business/mailling address is: 20 NW 181st Street, Miami, FL 33169

ARTICLE III

The purpose for which the corporation is organized is: Any and all legal purposes.

ARTICLE IV

The number of shares of stock is: 1,000,000 shares at \$1.00 par value.

ARTICLE V

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

Dr. Joseph P. D'Angelo, President and Director

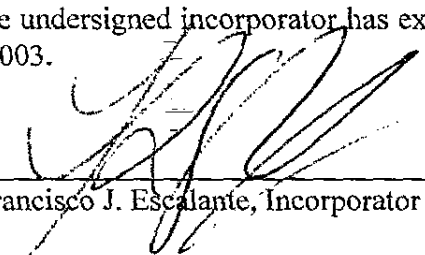
ARTICLE VI

The name and Florida street address of the registered agent is: Francisco J. Escalante, Esq.
20 NW 181st Street
Miami, FL 33169

ARTICLE VII

The name and address of the Incorporator is: Francisco J. Escalante, Esq.
20 NW 181st Street
Miami, FL 33169

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 14th day of August, 2003.



Francisco J. Escalante, Incorporator

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

1. The name of the corporation is:

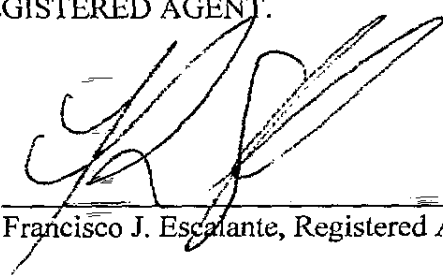
Florida Home Health Care Consultants, Inc.

2. The name and address of the registered agent and office is:

Francisco J. Escalante, Esq.
20 NW 181st Street
Miami, FL 33169

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.

Dated: August 14, 2003



Francisco J. Escalante, Registered Agent

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