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OFFICE USE ONLY(DOCUMENT # )  LAZARUS CORPORATE FILIN	G SERVICE		-
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MIAMI, FLORIDA (305)552-5973			
	:	OFFICE USE ONLY	
CORPORATION NAME(s) & DO	CUMENT NUMB	BER(S) (if known):	
1. MERLYS HOA	ME HEAL	TH CARE	INC.
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NEW FILINGS	AMENDME	NTS	
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NonProfit	Resignation of R.A., Officer/Director		
Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal		
Other	Merger		
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OTHER FUNGS	REGISTRATION QUALIFICATION		
Annual Report	Foreign		
Fictitious Name	Limited Partnershi	p	
Name Reservation	Reinstatement		
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## ARTICLES OF INCORPORATION

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

### ARTICLE I - NAME

The name of the corporation shall be:

MERLYS Home Health Care. Inc.

### ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall

5874 sus 4st

Mami FL. 33144

**ARTICLE III - SHARES** 

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

100

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### <u>ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and address of the initial registered agent is:

5874 sw 4 st

Miami FC 33144 LAZARO M. HERNANDEZ

### ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of
Incorporation is:
CAZARO HERNANdez
5874 Sw 4st
The undersigned incorporator has executed these Articles of

ARTICLE VI- DIRECTOR(S)

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

Incorporation this 15 day of December 1

CAZARO HERNAN DEZ Vice Preside SANdra Alvarez President

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with an I accept the obligations of my position as Registered Agent.

Registered Agent Signature