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FLORIDA PROFIT CORPORATION OR P.A.

tropical homehealth service, inc.

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ARTICLES OF INCORPORATION

OF

TROPICAL HOMEHEALTH SERVICE, INC.

The undersigned, incorporator, for the purpose of forming a corporation under the Figida English Business Corporation Act, Chapter 607 of the Florida Statutes, hereby adopts the following Articles of Incorporation:

ARTICLES I: NAME OF THE CORPORATION

The name of the corporation is TROPICAL HOMEHEALTH SERVICE, INC., hereinafter referred to as

the "Corporation".

ARTICLE II: PRINCIPAL OFFICE AND MAILING ADDRESS

The address of the principal office and mailing address of the Corporation is 2036 SW 165TH AVENUE, MIRAMAR, FL. 33027.

ARTICLE III: DURATION OF THE CORPORATION

The period of duration of the Corporation shall be perpetual unless dissolved according to law.

ARTICLE IV: PURPOSE OF THE CORPORATION

The purpose for which the Corporation is organized is to engage in any and all lawful business for which corporations may be incorporated under Chapter 607, Florida Statute, as amended.

ARTICLE V: AUTHORIZED SHAPES

The Corporation is authorized to issue Five Thousand (5,000) shares of common stock with a par value of \$1.00 per share. All stock shall be of one class. The Board of Directors may authorize the issuance of such

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as they may deem appropriate. The consideration may consist of any tangible or intangible property or benefit to the Corporation, including cash, promissory notes, services performed, promises to perform services evidenced by a written contract, or other securities of the Corporation.

ARTICLE VI: PREEMPTIVE RIGHTS

The Corporation elects to have preemptive rights. Every shareholder, upon the sale for cash of any new or reissued stock of the Corporation, shall have the right to purchase his pro-rata share thereof at the price at which it is offered to others.

ARTICLE VII: INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The street address of the Corporation's initial registered office is 2036 SW 166TH AVENUE, MIRAMAR, FL. 33027 and the registered agent at that office is YOLANDA DIXON.

ARTICLE VIII: INITIAL BOARD OF DIRECTORS

The Corporation shall have THREE (3) director(s) constituting the initial Board of Directors.

The number of director(s) may be increased or decreased from time to time by the bylaws.

The initial Board of Director(s) of the Corporation shall be comprised of:

YOLANDA DIXON 2036 SW 166TH AVENUE MIRAMAR, FL.33027

VELENE THOMAS 84 NW 94TH STREET MIAMI, FL. 33150

TEMU DIXON 2036 SW 166TH AVANUE MIRAMAR, FL. 3302

TEMU DIXON 2036 SW 166^{TE} AVANUE MIRAMAR, FL. 3302

ARTICLE IX: INCORPORATOR

The incorporators of the Corporation are as follows:

YOLANDA DIKON 2036 SW 166TH AVANUE MIRAMAR, FL. 33027

	in witness	WHEREOF, I, Y	CLANDI	A DIXON,	the	undersi	gned	incor	porator,
have	signed these	e Articles of	Inco	rporatio	n on	this _		0#	day
of _	FEBRUARY	 	20	04, and	ackn	owledged	the	same	to be my
act.		yole	<u>la</u>	B.	·	>			
				YOLANDA	DIX	DN			

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

Pursuant to the provisions of Chapters 48.091 and 607.0501 of the Florida Statutes, the following is submitted, in compliance with said Acts:

First--That TROPICAL HOMEHEALTH SERVICE, INC. desiring to

organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation at City of MIRAMAR. County of BROWARD, State of Florida, has named YOLANDA DIXON, at 2036 SW 166TM AVANUE, in the City of MIRAMAR County of BROWARD, State of Florida, as its agent to accept service of process within this state.

-Acceptance of Agent-ACKNOWLEDGMENT:

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.

plende Brown

AOLYNDY DIXON

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DATE:

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