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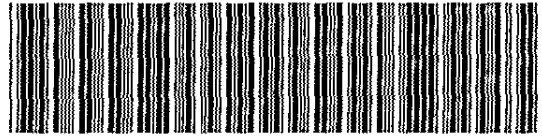
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

Subject: "A" CLASS HOME HEALTH, INC

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

☐ \$70.00 ☒ \$78.75 ☐ \$122.50 ☐ \$131.25

FROM:

**Angela Elliott
5546 West Oakland Park Blvd, Ste 209
Lauderhill, Fl 33319**

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

ARTICLES OF INCORPORATIONS

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:

" A" CLASS HOME HEALTH, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5546 West Oakland Park Blvd, Ste 209, Lauderhill, Fl 33319

ARTICLE III SHARES

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

One thousand (1000) shares of common stock having a par value of one dollar (\$1) each.

ARTICLE IV INITIAL OFFICERS AND/OR DIRECTORS

**Angela Elliott-President
5546 West Oakland Park Blvd, Ste 209
Lauderhill, Fl 33319**

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TALLAHASSEE, FLORIDA

**ARTICLE V INITIAL REGISTERED AGENT AND
STREET ADDRESS**

The name and address of the initial registered agent is:

**Angela Elliott
5546 West Oakland Park Blvd, Ste 209
Lauderhill, FL 33319**

ARTICLE VI

INCORPORATOR (S)

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

**Angela Elliott
5546 West Oakland Park Blvd, Ste 209
Lauderhill, FL 33319**

The Undersigned incorporator(s) has (have) executed these Articles of
incorporation this



Signature

Signature

Signature

**CERTIFICATE OF DESIGNATED OF
REGISTERED AGENT / REGISTERED OFFICE**

PURSUANT TO THE PROVISION OF SECTION 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 OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

“ A ” CLASS HOME HEALTH, INC

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

**Angela Elliott
5546 West Oakland Park Blvd, Ste 209
Lauderhill, Fl 33319**

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 here by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision 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.



Signature Date

Division of Corporations. P.O. Box 6327, Tallahassee, Fl 32304

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TALLAHASSEE, FLORIDA