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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. K L M @ Home Care, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time _____ ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

Examiner's Initials

ARTICLES OF INCORPORATION

OF

K L M @ Home Care, Inc.

The undersigned incorporators, for the purpose of performing a corporation under the Florida General Corporation Act, hereby adopts the followings Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

K L M @ Home Care, Inc.

The principal place of business of this corporation shall be:

1000 Ponce de Leon Suite 304

Coral Gables, FL. 33134

ARTICLE II NATURE OF BUSINESS

The main purpose of this corporation is to provide home medical services. This corporation may also engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 1000 **Shares- \$1.00 value**

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name and street address of the initial officer and director, if any, who shall hold office the first year of the corporation's existence or until their successor is elected, is:

**Lilia Uria
5500 SW 80 St.
Miami, FL. 33143**

Director

**Karla Arrechea
1408 Brickell Bay Dr Apt 109
Miami, FL. 33131**

Director

**Prepared by: Karla Arrechea
1408 Brickell Bay Drive
Apt 109
Miami, FL. 33131**

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ARTICLE VI INCORPORATOR

The name and street address of the incorporator is:

Karla Arrechea

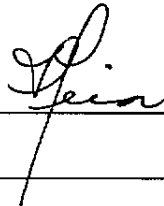
**1408 Brickell Bay Drive # 109
Miami, FL. 33131**

Lilia Uria

**5500 SW 80 St.
Miami, FL. 33143**

IN WITNESS WHEREOF, the undersigned incorporators have executed these Articles of Incorporation this 7 day of July, 2004.

Signature of Incorporators

x 

**STATE OF: FLORIDA
COUNTY OF: Miami-Dade**

THE FOREGOING instrument was acknowledged and sworn to before me this 8 day of July, 2004, by Karla Arrechea, FDL A620-513-63-765-0 of **K L M @ Home Care, Inc.**

Notary Public

My Commission Expires: _____

(SEAL)

ARTICLES OF INCORPORATION FILING FEE:

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

1. The name of the corporation is: **K L M @ Home Care, Inc.**
2. The name and address of the registered agent and office is:

Karla Arrechea

**1408 Brickell Bay Drive # 109
Miami, FL 33131**

SIGNATURE 

TITLE: Director

DATE: July 8, 2004

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE 

DATE: July 8, 2004

REGISTERED AGENT FILING FEE:

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