

P04000119107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500039607005

11/17/10 11:05:10 AM

04 AUG 17 11:11:12

RECEIVED
04 AUG 17 AM 10:19
STATE
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

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

1. THE LAKES HOMECARE INC.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)



Walk in



Pick-up time

2:00



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

04 AUG 17 11:19

Examiner's Initials

ARTICLES OF INCORPORATION
OF
THE LAKES HOME CARE INC.

We, the undersigned, hereby make, adopt, subscribe and acknowledge these Articles of Incorporation for the purpose of organizing and incorporating under the laws of the State of Florida, by and under the provisions of the statutes of the State of Florida providing for the formation, liability, rights, privileges and immunities of the corporation for profit.

ARTICLE I : NAME

The name of the corporation shall be:

THE LAKES HOME CARE INC.

ARTICLE II : PURPOSE

The nature of the business, objects and purposes to be transacted and carried on are to engage in any activity of business permitted under the laws of the United States of America and of the State of Florida.

ARTICLE III: CAPITAL STOCK

The authorized capital stock of this corporation shall consist of 60 shares of common stock, having \$ 10.00 par value, which shall be issued for such consideration as may be fixed by the Board of Directors of the corporation.

ARTICLE IV : INITIAL CAPITAL

The amount of capital with which corporation shall begin business shall be \$ 600.00

ARTICLE V : CORPORATE EXISTENCE

The corporation shall exist perpetually unless dissolved according to law.

ARTICLE VI : POST OFFICE ADDRESS

The post office address of the principal office of this corporation shall be :
19113 NW 64 CT. MIAMI LAKES, FL. 33015
with the privilege of having branch or other offices at other places within or without the State of Florida. The principal office may be moved to such other address as the Board of Directors shall by resolution determine.

ARTICLE VIII : NUMBER OF DIRECTORS

The business of this corporation shall be conducted by a Board of Directors consisting initially of two directors.

The numbers of directors may be changed from time to time By-Laws adopted by the stockholders; but shall never be less than the minimum number required by the laws of the State of Florida, as amended from time to time.

04 AUG 17 2011:19

ARTICLE VIII: INITIAL DIRECTORS

Patricia A. Paul	19113 NW 64 Ct. Miami Lakes, FL 33015
Marfa Abeledo	3050 NW 21 Ct # 5 Miami-FL 33142

ARTICLE IX: OFFICERS

Patricia A. Paul-President

Marfa Abeledo-Secretary\Treasurer

ARTICLE X: SUBSCRIBERS

The name and post office addresses of the subscribers to these articles are as follow :

N A M E	A D D R E S S
Patricia A. Paul	19113 NW 64 Ct. Miami Lakes, FL 33015
Marfa Abeledo.	3050 NW 21Ct # 5 Miami-FL 33142

ARTICLE XI: AMENDMENTS

Theses articles of incorporation may be amended from time to time in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders and approved at a stockholders' meeting by a majority of the stockholders entitled to vote.

ARTICLE XII: REGISTERED OFFICE AND AGENT.

The initial address of the registered office of the corporation is:
19113 NW 64 CT. MIAMI LAKES, FL. 33015
and the registered agent is :
Patricia A. Paul

The undersigned has (have) executed these Articles of Incorporation this date:



Patricia A. Paul-President

(Date) 8-16-04



Marfa Abeledo-Secretary\Treasurer

Date 8-16-04

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, 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 :

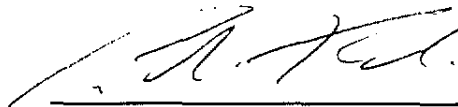
THE LAKES HOME CARE INC.

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

Patricia A. Paul

19113 NW 64 CT. MIAMI LAKES, FL. 33015

SIGNATURE



TITLE

Patricia A. Paul-President

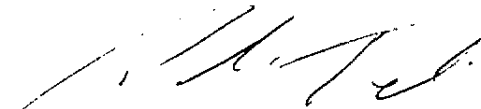
DATE

8-16-04

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.

SIGNATURE



Patricia A. Paul-President

DATE

8-16-04

04 SEP 17 2011:19