

PO4000120377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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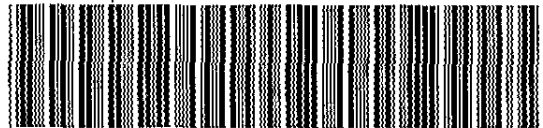
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 AUG 19 AM 11:30
DIVISION OF CORPORATION

2004 AUG 19 PM 1:39
ALABAMA STATE
ALABAMA FLORIDA

158 8/19/04

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

2004 AUG 19 PM 1:39

STATE
TALLAHASSEE FLORIDA

OFFICE USE ONLY

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

1. SUNFLOWER HOME HEALTH SERVICES, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☐ Mail out ☐ Will wait

☐ Photocopy

☒ Certified Copy

☐ Certificate of State

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

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STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Examiner's Initials

ARTICLES OF INCORPORATION

FOR

SUNFLOWER HOME HEALTH SERVICES, INC.

2004 AUG 19 PM 1:39

CLERK OF STATE
TALLAHASSEE FLORIDA

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act do hereby adopt the following Articles of Incorporation:

ARTICLE ONE

The name of the corporation is SUNFLOWER HOME HEALTH SERVICES, INC.

ARTICLE TWO

The duration of the corporation shall be perpetual.

ARTICLE THREE

The purpose of the corporation is to engage in any and all lawful business permitted pursuant to the laws of Florida.

ARTICLE FOUR

The aggregate number of shares which the corporation is authorized to issue is 100 shares. Such shares shall be of a single class and shall have a par value of \$1.00 per share.

ARTICLE FIVE

The corporations principal office address and the registered office address are the same. The address is:

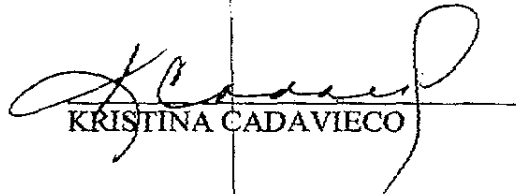
KRISTINA CADA VIECO
3450 West 84 Street Suite 202L
Hialeah, FL 33018


KRISTINA CADA VIECO

ARTICLE SIX

The number of directors constituting the initial board of directors of the corporation is one. The name and address of each person who is to serve as a member of the initial board of directors is:

KRISTINA CADA VIECO, *PRESIDENT*
3450 West 84 Street Suite 202L
Hialeah, FL 33018

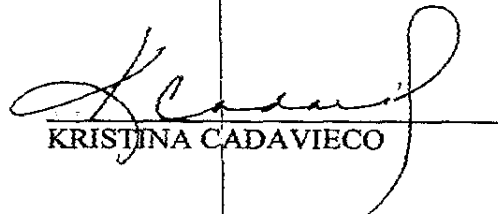


KRISTINA CADA VIECO

ARTICLE SEVEN

The name and Florida street address of the Initial Registered Agent is:

KRISTINA CADA VIECO
3450 West 84 Street Suite 202L
Hialeah, FL 33018

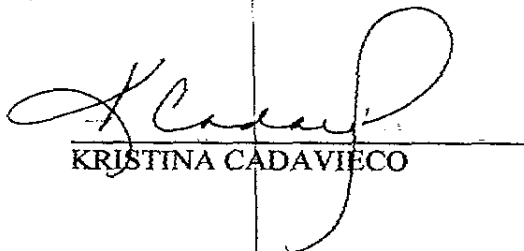


KRISTINA CADA VIECO

ARTICLE EIGHT

The name and address of the incorporator is:

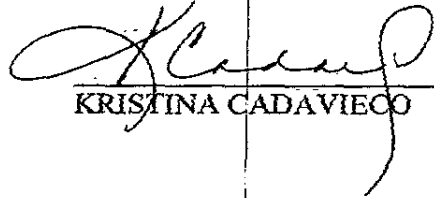
KRISTINA CADA VIECO
3450 West 84 Street Suite 202L
Hialeah, FL 33018



KRISTINA CADA VIECO

CONSENT OF REGISTERED AGENT

The undersigned, having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.


KRISTINA CADA VIECO

STATE OF FLORIDA)
)SS:
COUNTY OF DADE)

The foregoing instrument was acknowledged before me on the 18th day of August, 2004,
by KRISTINA CADA VIECO

Notary Public, State of Florida

My Commission Expires:

FILED
2004 AUG 19 PM 1:39
COUNTY OF STATE
PALM BEACH FLORIDA