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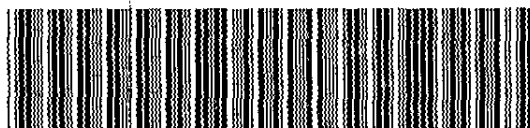
(Business Entity Name)

(Document Number)

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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. HOMESTEAD TOTAL HEALTH CARE, 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

Examiner's Initials

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ARTICLES OF INCORPORATION

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 :

— HOMESTEAD TOTAL HEALTH CARE, INC.

ARTICLE II - PRINCIPAL OFFICE -

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

— 239 ½ North Krome Avenue
Homestead, Florida, 33030

ARTICLE III - SHARES -

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

— 100 Shares common Stocks. No Par Value

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

— HILDELIS ACOSTA
239 ½ NORTH KROME AVENUE
HOMESTEAD, FLORIDA, 33030

ARTICLE V - INCORPORATOR -

The name and street address of the incorporator to these Articles of Incorporation is :

— DR. NSIDIBE IKPE.
239 ½ NORTH KROME AVENUE
HOMESTEAD, FLORIDA , 33030

The undersigned incorporator, has executed these Articles of Incorporation this 18 day of AUGUST, 2004


Signature

ARTICLE VI - DIRECTOR(S)

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

--- DR. NSIDIBE IKPE, 239 ½ NORTH KROME AVENUE, HOMESTEAD, FLORIDA, 33030. President,
Secretary and Treasurer

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.


Registered Agent Signature

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