

P0500024512

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 FEB 16 AM 7:46

01/26/05--01026--013 \*\*27.50

W05-5286

032/17

## TRANSMITTAL LETTER

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

**SUBJECT:** VANTAGE HOME HEALTH CARE INC.,  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** CLAYTON TUNJI

Name (Printed or typed)

563 NORTHEAST 163RD STREET

Address

MIAMI, FLORIDA 33162

City, State & Zip

305-205-9213

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

February 1, 2005

CLAYTON TUNJI  
563 NORTHEAST 163RD STREET  
MIAMI, FL 33162

SUBJECT: VANTAGE HOME HEALTH CARE INC.  
Ref. Number: W05000005286

We have received your document for VANTAGE HOME HEALTH CARE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can list only one Registered Agent per corporation. Please delete the extra person name under the Registered Agent and the Signature also.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6972.

Doris Brown  
Document Specialist  
New Filings Section

Letter Number: 005A00007090

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## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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DIVISION OF CORPORATIONS  
05 FEB 16 AM 7:46

### ARTICLE I NAME

The name of the corporation shall be:

VANTAGE HOME HEALTH CARE INC.,

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

563 NORTHEAST 163RD STREET, MIAMI FLORIDA 33162

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDING PARAMEDICAL, MEDICAL AND NURSING STAFF TO MEDICAL CENTERS, HOSPITAL AND HOMES.

### ARTICLE IV SHARES

The number of shares of stock is:

THIS CORPORATION IS AUTHOTIZED TO ISSUE (50) FIFTY SHARES OF NO PAR VALUE COMMON STOCK WHICH SHAL BE DESIGNATED "COMMON STOCK"

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

CLAYTON TUNJI (ADMINISTRATOR) 563 NORTHEAST 163RD STREET, MIAMI FLORIDA 33162.

ANNE CHINYE (DIRECTOR OF NURSES) 563 NORTHEAST 163RD STREET, MIAMI FLORIDA 33162.

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

CLAYTON TUNJI (ADMINISTRATOR) 563 NORTHEAST 163RD STREET, MIAMI FLORIDA 33162.

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

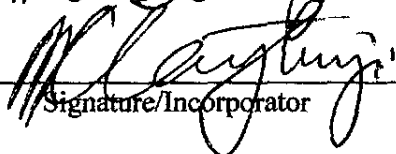
CLAYTON TUNJI (ADMINISTRATOR) 563 NORTHEAST 163RD STREET, MIAMI FLORIDA 33162.

ANNE CHINYE (DIRECTOR OF NURSES) 563 NORTHEAST 163RD STREET, MIAMI FLORIDA 33162.

\*\*\*\*\*  
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

  
Signature/Registered Agent

01-15-2005  
Date

  
Signature/Incorporator

01-15-2005  
Date