

P05000063082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

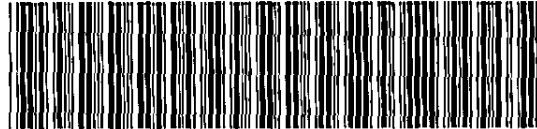
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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04/28/05--01038--019 \*\*78.75

DIVISION OF CORPORATION

RECEIVED  
05 APR 28 AM 11:33

RECEIVED  
05 APR 28 PM 2:11  
OFFICE OF STATE  
CLERK  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

A.R.C. Home Health, Inc

Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

Name \_\_\_\_\_

Date 4/28

Time 11:00

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

☒ Art of Inc. File \_\_\_\_\_

\_\_\_\_ LTD Partnership File \_\_\_\_\_

\_\_\_\_ Foreign Corp. File \_\_\_\_\_

\_\_\_\_ L.C. File \_\_\_\_\_

\_\_\_\_ Fictitious Name File \_\_\_\_\_

\_\_\_\_ Trade/Service Mark \_\_\_\_\_

\_\_\_\_ Merger File \_\_\_\_\_

\_\_\_\_ Art. of Amend. File \_\_\_\_\_

\_\_\_\_ RA Resignation \_\_\_\_\_

\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_

\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_

☒ Cert. Copy \_\_\_\_\_

\_\_\_\_ Photo Copy \_\_\_\_\_

\_\_\_\_ Certificate of Good Standing \_\_\_\_\_

\_\_\_\_ Certificate of Status \_\_\_\_\_

\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_

\_\_\_\_ Corp Record Search \_\_\_\_\_

\_\_\_\_ Officer Search \_\_\_\_\_

\_\_\_\_ Fictitious Search \_\_\_\_\_

\_\_\_\_ Fictitious Owner Search \_\_\_\_\_

\_\_\_\_ Vehicle Search \_\_\_\_\_

\_\_\_\_ Driving Record \_\_\_\_\_

\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_

\_\_\_\_ UCC 11 Search \_\_\_\_\_

\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_

Courier \_\_\_\_\_

**ARTICLES OF INCORPORATION  
OF**

**A.R.C. Home Health, Inc.**

The undersigned hereby acts to form a corporation 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 a corporation for profit.

**ARTICLE I  
NAME**

The name of this corporation shall be **A.R.C. Home Health, Inc.**

**ARTICLE II  
GENERAL NATURE OF BUSINESS**

The general nature of the business to be transacted by this corporation is to engage in any activity or business permitted under the laws of the United States and of the State of Florida.

**ARTICLE III  
STOCK**

The authorized Capital Stock of this corporation shall consist of One Thousand (1,000) shares of one cent (\$.01) par value common stock.

**ARTICLE IV  
CORPORATE EXISTENCE**

This corporation shall exist perpetually unless dissolved according to law.

**ARTICLE V  
ADDRESS**

The street address of the principal office of this corporation shall be 1414 N.W. 107<sup>th</sup> Avenue, Suite 102, Miami, Florida 33172, or at such other location designated by the Board of Directors with the privilege of having branch or other offices at other places within or without the State of Florida.

**ARTICLE VI  
NUMBER OF DIRECTORS**

The business of the corporation shall be conducted by a Board of Directors consisting of not less than one (1) director. The number of directors shall be as set forth in the Bylaws of the corporation.

APPROVED  
AND  
FILED  
05 APR 28 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII**  
**INITIAL BOARD OF DIRECTORS**

The names and street addresses of the members of the initial Board of Directors who shall hold office until the first meeting of the stockholders or until their successors are elected or appointed and have qualified are as follows:

<b><u>Name</u></b>	<b><u>Street Address</u></b>
Ramon Gonzalez	1414 N.W. 107 <sup>th</sup> Avenue, Ste. 102 Miami, Florida 33172

**ARTICLE VIII**  
**INCORPORATORS**

The name and street address of the incorporators to these Articles of Incorporation are as follows:

<b><u>Name</u></b>	<b><u>Street Address</u></b>
Ramon Gonzalez	1414 N.W. 107 <sup>th</sup> Avenue, Ste. 102 Miami, Florida 33172

**ARTICLE IX**  
**REGISTERED AGENT**

The street address of the registered office of this corporation shall be 1414 N.W. 107<sup>th</sup> Avenue, Suite 102, Miami, Florida 33172, with the privilege of having branch or other offices at other places within or without the State of Florida. The registered agent at the above address shall be Ramon Gonzalez.

**ARTICLE X**  
**AMENDMENT**

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by a majority vote of the stockholders or by the Board of Directors, proposed by them to the stockholders, and approved at a stockholders' meeting by a majority of the stock entitled to vote thereon, unless all the stockholders and all the directors sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

Pursuant to the provisions of Chapter 607, 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.

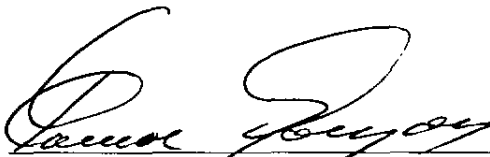
1. The name of the corporation is **A.R.C. Home Health, Inc.**

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

Ramon Gonzalez  
1414 N.W. 107<sup>th</sup> Avenue, Suite 102  
Miami, FL 33172

**IN WITNESS WHEREOF**, the undersigned, being the original incorporators to the Capital Stock heretofore named, has hereunto set their hands and seals this 27 day of April, 2005.

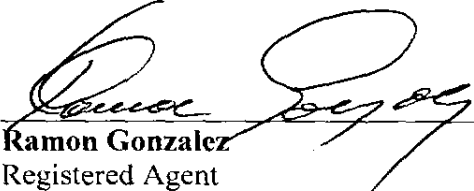
**INCORPORATORS:**

  
\_\_\_\_\_  
Ramon Gonzalez

Date: 4/27/05

**ACCEPTANCE OF REGISTERED AGENT**

Having been named as registered agent and to accept service of process for **A.R.C. Home Health, Inc.**, at the place designated in the above 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 as required in Chapter 607, Florida Statutes, and I am familiar with and accept the obligations of my position as Registered Agent.

  
\_\_\_\_\_  
**Ramon Gonzalez**  
Registered Agent

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APPROVED  
AND  
FILED  
05 JUN 28 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310