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LAZARUS CORPORATE FILING SERVICE Requester's Name 3320 S.W. 87TH AVENUE MIAMI, FL 33165 (305) 552-5973 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 2.00 Walk in Certified Copy Photocopy Mail out Will wait Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report ☐ Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other Examiner's Initials

CR2E031(7/97)

ARTICLES OF INCORPORATION

FILED

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following 31 P 2: 51 Articles of Incorporation.

JEURETARY C. STATE TALLAHASSEE. FLORIDA

ARTICLE I - NAME

The name of the corporation shall be:

PACIFIC HOME Health Services INC.

ARTICLE II - PRINCIPAL OFFICE

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

3900 N.W. 79th AVENUE Suffe# 650 HPAMP FL. 33166

ARTICLE III -SHARES

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

100 SHARES

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

BALBARO PEREZ

3900 NW 79Th AVE SOFE # 650

Man? FL. 33166

FILED

2005 MAY 31 P 2: 51

ARTICLE V - INCORPORATOR

SEUKE TARY OF STATE The name and street address of the incorporator to these Articles. of ORIDA Incorporation is:

BARBARO PEREZ

509te # 650 3900 NM 79Th AVE

Hໃດມາ FL. 33166 The undersigned incorporator has executed these Articles of Incorporation this 25 day of MAY

ARTICLE VI- DIRECTOR(S)

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

BARBARO PEREZ

3900 NW 79Th AVE Suple # 650

Mian? FL. 33166

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as negistered Agent and to accept service of process for the above stated co-poration 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