

P05000109087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

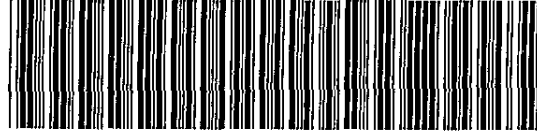
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700055955107

08/02/05--01005--015 **393.75

FILED
05 AUG -4 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 AUG -2 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

205-36411

8/5/✓

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

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

1. Brickell Home Health Inc
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time _____

☒ 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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 2, 2005

EXPRESS CORPORATE FILING SERVICE

SUBJECT: BRICKELL HOME HEALTH INC
Ref. Number: W05000036411

RECEIVED
05 AUG -4 AM 9:51
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for BRICKELL HOME HEALTH INC and your check(s) totaling \$393.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Returning per your request.

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) 245-6924.

Stacy Prather
Document Specialist Supervisor
New Filings Section

Letter Number: 105A00049797

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

BRICKELL HOME HEALTH CARE INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

436 SW 8TH STREET
SUITE 10
MIAMI, FL 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:
100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ABEL GONZALEZ (PD)
436 SW 8TH STREET
SUITE 10
MIAMI, FL 33130

ARTICLE VI REGISTERED AGENT

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


ABEL GONZALEZ
436 SW 8TH STREET
SUITE 10
MIAMI, FL 33130

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ABEL GONZALEZ
436 SW 8TH STREET
SUITE 10
MIAMI, FL 33130

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

AUGUST 01, 2005

Date



Signature/Incorporator

AUGUST 01, 2005

Date

FILED
05 AUG -4 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA