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2005 AUG 18 P 2:43

TALLAHASSEE, FLORIDA

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05 JUL 21 AM 11:30

STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

D. WHITE AUG 19 2005

**LAZARUS  
CORPORATE FILING SERVICE**

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

1. Quality Home Healthcare, Inc.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

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**NEW FILINGS**

- ☒ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

**Examiner's Initials**



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 22, 2005

LAZARUS

SUBJECT: QUALITY HOME HEATH CARE, INC.  
Ref. Number: W05000035035

RECEIVED  
05 AUG 18 AM 10:29  
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TALLAHASSEE, FLORIDA

We have received your document for QUALITY HOME HEATH CARE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document must state the number of shares of authorized stock.

Please check spelling of the word HEATH or HEALTH.

Please list a number of shares of stock and not a percentage % or dollar amount \$.

Please check officer title spellings.

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) 245-6933.

Dale White  
Document Specialist  
New Filings Section

Letter Number: 905A00048175

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ARTICLES OF INCORPORATION

2005 AUG 18 P 2:43

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:

MARTINEZ HOME HEALTH CARE, INC.

ARTICLE II - PRINCIPAL OFFICE

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

403 NW 72 AVE  
#414E  
Miami, FL 33126

ARTICLE III - SHARES

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

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MANABOLA MARTINEZ  
403 NW 72 AVE  
#414E  
MIAMI, FL 33126

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

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

MARANELA MARTINEZ P/VP  
RAFAEL MARTINEZ S/T

The undersigned incorporator has executed these Articles of Incorporation this 15 day of May 2005

x Marianela Martinez  
Signature

x Rafael Martinez

ARTICLE VI - DIRECTOR(S)

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

MARIANELA MARTINEZ  
403 NW 72 AVE  
#414E  
MIAMI, FL 33126

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.

x Marianela Martinez  
Registered Agent Signature