

POS000133795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

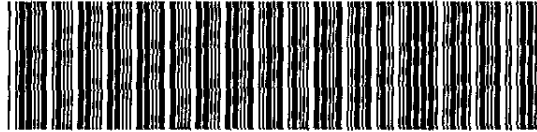
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900060029029

09/29/05--01048--025 \*\*78.75

FILED  
2005 SEP 29 P 3:43  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2005 SEP 29 PM 1:11  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

9-30-05  
WPC

**LAZARUS  
CORPORATE FILING SERVICE**

**3320 SW 87<sup>TH</sup> AVENUE**

**MIAMI, FL 33165 (305) 552-5973**

Office Use Only

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

1. GIVING LOVE & HEALTH CARE CORP.  
(Corporation Name) (Document #)

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

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

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

☒ Walk in    ☒ Pick up time 2:00    ☒ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

**NEW FILINGS**

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

**AMENDMENTS**

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

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

**Examiner's Initials**

ARTICLES OF INCORPORATION

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

THE NAME OF THE CORPORATION SHALL BE:

GIVING LOVE & HEALTH CARE CORP.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS  
CORPORATION SHALL BE:

7635 ABBOTT AVE. APT. 1  
MIAMI BCH FL. 33141

ARTICLE III SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS INCORPORATION IS  
AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100 SHARES

ARTICLE IV

INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

SILVIA MUNOZ  
7635 ABBOTT AVE. APT. 1  
MIAMI BCH. FL. 33141

FILED  
2005 SEP 29 P 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(R)

THE NAMES AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO THESE  
ARTICLES OF INCORPORATION IS (ARE):

SILVIA MUNOZ  
7635 ABBOTT AVE. APT. 1  
MIAMI BCH. FLORIDA 33141

ARTICLE VI DIRECTOR(S)

SILVIA MUNOZ  
7635 ABBOTT AVE. APT. 1  
MIAMI BCH. FLORIDA 33141

THE NAME(S) AND STREET ADDRESS(ES) OF THE DIRECTOR(S) TO THESE  
ARTICLES OF INCORPORATION IS (ARE):

SILVIA MUNOZ  
7635 ABBOTT AVE. APT. 1  
MIAMI BCH. FLORIDA 33141

THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE) EXECUTED THESE  
ARTICLES OF INCORPORATION THIS 28 DAY OF SEPT, 2005

  
SIGNATURE

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT\REGISTERED OFFICE

PERSUANT TO THE PROVISIONS OF SECTIONS 607.0501 OR 617.0501,  
FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED  
UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLO-  
WING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/  
REGISTERED AGEN, IN THE STATE OF FLORIDA.

THE NAME OF THE CORPORATION IS:

GIVING LOVE & HEALTH CARE CORP.

THE NAMES AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

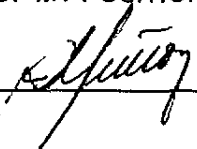
NAME: SILVIA MUNOZ

ADDRESS 7635 ABBOTT AVE. APT. 1

CITY, STATE, ZIP MIAMI BCH, FLORIDA 33141

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF  
PROCESS FOR THE ABOVE STATE CORPORATION AT THE 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 PERTAINING TO THE PROPER AND  
COMPLETE PERFORMANCE OF MY DUTIE, AND I AM FAMILIAR WITH AND ACCEPT  
THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT

SIGNATURE



DATE: 09/28/2005

FILED  
2005 SEP 29 P 3:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA