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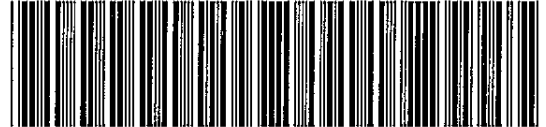
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Feb 01, 2006 08:00 AM
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06 JAN 30 AM 10:51
DIVISION OF CORPORATIONS

**LAZARUS
CORPORATE FILING SERVICE**

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

1. PREFERRED HOME HEALTH CORP
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

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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



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

06 FEB -1 AM 10:49

DIVISION OF CORPORATION

January 31, 2006

LAZARUS

SUBJECT: PREFFEED HOME HEALTH CORP
Ref. Number: W06000004725

We have received your document for PREFFEED HOME HEALTH CORP. However, the document has not been filed and is being returned for the following:

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 number of the name conflict is P05000050413 - PREFERRRED HOME HEALTH INC..

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) 245-6934.

Loria Poole
Document Specialist
New Filing Section

Letter Number: 606A00006958

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 NAME

The name of the corporation shall be: PREFERRED HOME HEALTH OF MIAMI INC.

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Feb 01, 2006 08:00 AM

Secretary of State

ARTICLE II PRINCIPAL OFFICE

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

6801 N.W. 77TH AVE STE # 102
MIAMI, FL 33166

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Five (600) hundred shares one dollar (1) per value common stock

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Livan Rodriguez
5691 W. 9TH LN
HIALEAH, FL 33012

ARTICLE V INCORPORATOR(S)

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

Livan Rodriguez
5691 W. 9TH LN
HIALEAH, FL 33012

Elias Santiago
1073 S.W. 129 AVE
MIAMI, FL 33184

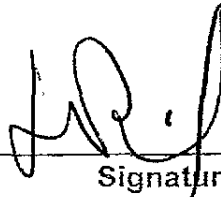
ARTICLE VI DIRECTOR(S)

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

Livan Rodriguez (President & Secretary)
5691 W. 9Th Ln
HIALEAH, FL 33012

Elias Santiago (Directors)
1073 S.W. 129 AVE
MIAMI, FL 33184

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 27 day of January, 2006.



Signature

Signature

Signature

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant 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 following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: PREFERRED HOME HEALTH OF MIAMI INC.

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

Livan Rodriguez

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(NAME)

Feb 01, 2006 08:00 AM

5691 W. 9TH LN

Secretary of State

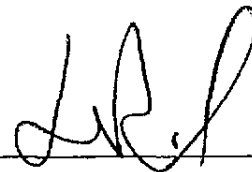
(P.O. BOX NOT ACCEPTABLE)

HIALEAH, FL 33012

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE



DATE 01/27/2006