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## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** CAREFLORIDA HOME HEALTH SERVICES INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** RAMON QUIRANTES  
Name (Printed or typed)

700 East 1st. Avenue  
Address

Hialeah, Fl. 33010  
City, State & Zip

(305) 821-6181  
Daytime Telephone number

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**NOTE:** Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION  
OF  
CAREFLORIDA HOME HEALTH SERVICES INC.

The undersigned, for the purpose of forming a corporation under the Florida Business Corporation Act, adopts the following Articles of Incorporation:

ARTICLE I

NAME

The name of the corporation is **CareFlorida Home Health Services Inc.** and its address is 700 East 1<sup>st</sup> Avenue, Hialeah, Fl. 33010

ARTICLE II

DURATION

The duration of the corporation is perpetual.

ARTICLE III

PURPOSE

The general purposes for which the corporation is organized are:

- (1) To transact any lawful business for which corporations may be incorporated under the Florida Business Corporation Act.
- (2) To do such other things as are incidental to the foregoing or necessary or desirable in order to accomplish the foregoing.

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## **ARTICLE IV**

### **AUTHORIZED SHARES**

The aggregate number of shares which the corporation is authorized to issue is 1,000 shares, with a par value of \$1.00 per share.

## **ARTICLE V**

### **REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the corporation is 700 East 1<sup>st</sup> Avenue, Hialeah, Fl. 330101 and the name of its initial registered agent at such address is Ramon Quirantes.

## **ARTICLE VI**

### **DIRECTORS**

The number of directors constituting the board of directors of the corporation shall be determined in accordance with the By-Laws, but shall not be less than one. The number of directors constituting the initial board of directors is one (1). The name and address of the person who is to serve as the member of the initial board of directors are:

Ramon Quirantes  
700 East, 1<sup>st</sup> Avenue,  
Hialeah, Fl.33010

## **ARTICLE VII**

### **INCORPORATOR**

The name and address of the incorporator are:

Ramon Quirantes  
700 East 1<sup>st</sup> Avenue,  
Hialeah, Fl. 33010

ARTICLE VIII

INDEMNIFICATION

The corporation shall indemnify each director, officer and shareholder of the corporation against any and all liability and expenses incurred by him in connection with or arising out of any action, suit or proceeding in which he may be involved, by reason of his being or having been an officer, director or shareholder of the corporation to the full extent permitted by the laws of the State of Florida.

Executed by the undersigned on the 01 day of march, 2004 2006

  
Ramon Quirantes

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STATE OF FLORIDA                    )  
  ) SS:  
COUNTY OF MIAMI-DADE            )

BEFORE ME, personally appeared RAMON QUIRANTES to me \_\_\_\_\_ well known to be the person described in or ✓ who has produced 0653-720-61-376-0 as identification and who subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, this 01 day of march 2006

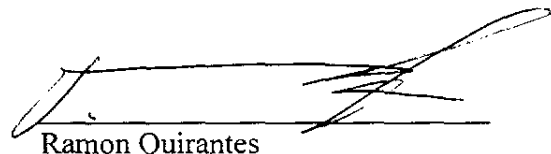


OFFICIAL SEAL  
Elizabet Castillo  
DD 322340

My Commission Expires May 23, 2008

Acknowledgment of Appointment by Registered Agent

Having been named the registered agent for the above corporation at the place designated in the foregoing Articles of Incorporation, I hereby accept the same and agree to act in this capacity, and agree to comply with the provisions of Florida law relative to keeping the registered office open.

  
Ramon Quirantes