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## LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE MIAMI, FL 33165 (305) 552-5973 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 2 00 Walk in Certified Copy Mail out Will wait Photocopy Certificate of Status **NEW FILINGS** <u>AMENDMENTS</u> Profit Amendment Not for Profit Resignation of R.A., Officer/Director Change of Registered Agent Limited Liability Domestication ☐ Dissolution/Withdrawal Other Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION Foreign Annual Report Fictitious Name 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 NAME

The name of the corporation shall be: GENESIS HOME HEALTH CARE INC

ARTICLE II PRINCIPAL OFFICE

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

465 OCEAN DRIVE APT 915 MIAMI BEACH, FL 33139

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: FIVE (500) 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:

MARIA T. BULICH 465 OCEAN DRIVE APT 915 MIAMI BEACH, FL 33139

#### ARTICLE V INCORPORATOR(S)

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

MARIA T. BULICH
465 OCEAN DRIVE APT 915
MIAMI BEACH, FL 33139

#### ARTICLE VI DIRECTOR(S)

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

MARIA T. BULICH (PRESIDENT & SECRETARY)
465 OCEAN DRIVE APT 915
MIAMI BEACH, FL 33139

### 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: GENESIS HOME HEALTH CARE INC
2.	The name and address of the registered agent and office is:
	MARIA T. BULICH
	(NAME)
	465 OCEAN DRIVE APT 915
	(P.O. BOX NOT ACCEPTABLE)
	MIAMI BEACH, FL 33139
	(CITY/STATE/ZIP)
ΗΛ۷	ING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PRO	CESS FOR THE ABOVE STATED CORPORATION AT THE PLACE
DES	IGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS ISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER
ΛGR	LEE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO
THE	PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM
	ILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS ISTERED AGENT.
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	SIGNATURE
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