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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	9 #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Coples	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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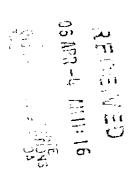
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06 APR -4 PH 12: 33
SECRETALY OF STATE
TALLAHASSEE, FLORIDA





LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

CR2E031(7/97)

MIAMI, FL 33165 (305) 552-5973

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Examiner's Initials

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time 2.00 Certified Copy Mail out Will wait Photocopy ☐ Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Foreign Annual Report Fictitious Name Limited Partnership Reinstatement Trademark Other

ARTICLES OF INCORPORATION	1.
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	F=1 4 •
ARTICLE I NAME	FILED
The name of the corporation shall be:	· •
Premier Home Health Senices, Inc.	06 APR -4 PH 12: 3:
	SECRETARY OF STATE TALLAHASSEE, FLORID
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	CEANASSEE, FLORID
9850 SW 25th Miami FC 3317Z	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
ARTICLE IV SHARES The number of shares of stock is:	
(00	
• •	-
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	
_ · · · · · · · · · · · · · · · · · · ·	
Vanet Carballeiro - Presidint 9850 SW 25t	
Miami FC 33172	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the registered	d agent is:
Vanet Carballeiro 9850 SW 2st	
9850 5W 2st Hiami FC 33172	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
YANET CARBAILEIRO	

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Wearbuller

Signature/Registered Agent /INCOPPOTATOR

Date