# PO6000054773

(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
, , ,					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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# **COVER LETTER**

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

SUBJECT:	luality Life Home	.care Corp. rename- <u>mustincl</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	i a check for:	•
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status	
		<u> </u>		ł
FROM:	Isolda Saldar Name	riaga	TALLAH	96
			<b>3</b> • 7	
	4995 E. 8 <sup>th</sup> Ave. Address		<u> </u>	
-	Hialeah, FL 3		ALLAHASSEE, 11 ONDA	ට ට
_	786-2776937			
	Daytime To	elephone number		

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

# ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

#### ARTICLE I NAME

The name of the corporation shall be:

Quality Life Homecare Corp.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4995 É. 8th Ave. Hialeah, FL 33013

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Homerave Services for the elderly and hundicapped.

#### ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Isolda Saldarriaga - President/Director

4995 E. 8th Ave.

Hialeah, FL 33013

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Isolda Saldarriaga 4995 E. 8th Ave. Hialeah, FL 33013

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Isolda Saldarriaga 4995 E. 8th Ave. Hicleah, FL 33013

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

Signature/Registered Agent

Signature/Incorporator

H-11-06 Date

H-11-06.

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