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

1. MAYI HOME CARE AGENCY INC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

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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

ARTICLES OF INCORPORATION  
OF

MAYI HOME CARE AGENCY INC

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) Competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I  
CORPORATION NAME

The corporation's name shall be: MAYI HOME CARE AGENCY INC

ARTICLE II  
DURATION

The corporation shall exist perpetually unless dissolved according to Florida Laws.

ARTICLE III  
PURPOSE

The corporation is organized for the purpose of engaging in any activity of business Permitted under the laws of the United States and the State of Florida.

ARTICLE IV  
CAPITAL STOCK

The corporation is authorized to issue one hundred (100) shares of five dollars (\$5.00) par value Common Stock, which shall be designated as "Common Shares".

ARTICLE V  
PLACE OF BUSINESS

The principal place of business of said corporation shall be:

4471 NW 36 Street  
MIAMI SPRINGS FL 33166

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLE VI  
NUMBER OF DIRECTORS

The number of Directors of this corporation, shall be no less than one (1) nor more than fifteen (15).

ARTICLE VII  
BOARD OF DIRECTORS

The name and addresses of the first Board of Directors of this Corporation who shall hold office initially, are as follows:

NAME AMADO ANAZCO  
ADDRESS 10237 SW 24 St, #C341  
CITY Miami STATE FL ZC 33165

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZC \_\_\_\_\_

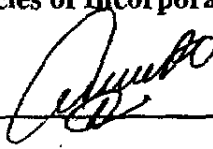
ARTICLE VIII  
INCORPORATORS

The name and addresses of the incorporators signing these Articles of Incorporation, are as follows:

NAME AMADO ANAZCO TITLE PRESIDENT  
ADDRESS 10237 SW 24 Street, #C341  
CITY Miami STATE FL ZC 33165

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZC \_\_\_\_\_

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation, this 2<sup>nd</sup> day of May of 2006

  
\_\_\_\_\_  
(Seal)

\_\_\_\_\_  
(Seal)

STATE OF FLORIDA       )  
                                  )  
COUNTY OF DADE       )     SS

Before me, a Notary Public authorized to take acknowledgement in the State and County set for above, personally appeared:

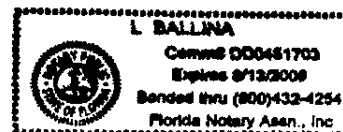
AMADO ANAZCO

Known to me and known to be the person (s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that he executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and county aforesaid, this 2<sup>nd</sup> day of May of 2006.

*L Ballina*

Notary Public  
State of Florida at Large



**CERTIFICATE OF REGISTERED AGENT**

**OF**

MAYI HOME CARE AGENCY INC

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act:

**FIRST:** That MAYI HOME CARE AGENCY INC desiring to organize under the laws of the State of Florida with its principal office as indicated in the articles of incorporation at the City of Miami, County of Dade State of Florida, has named:

Mr/Ms AMADO ANAZCO  
Located at 10237 SW 29 Street, #C341  
City of Miami County of Dade  
State of Florida

At its Agent to accept service of process within this State.

**ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position. I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

  
Registered Agent