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(E	Business Entity Name)	1.
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Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

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PILED 2006 JUN -9 PM 1: 17 SECRETARY OF STATE

# LAZARUS CORPORATE FILING SERVICE

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Other	Merger ·	
THER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report	Foreign	
Fictitious Name	Limited Partnership	
	Reinstatement	
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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:

NEW STAR HOME HEALTH, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

458 E. 19 Street Hialeah, Fl. 33013

#### **ARTICLE III - SHARES**

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

 $100 \times $10.00$ 

# ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RAISEL M. MENDEZ 458 E 19 Street HIALEAH, FLORIDA 33013

#### ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

RAISEL M. MENDEZ 458 E 19 Street Hialeah, Fl. 33013

The undersigned incorporator has executed these Articles of Incorporation this 7 day of JUNE 2006.

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#### **ARTICLE VI- DIRECTOR (S)**

Signature

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

RAISEL M. MENDEZ (P) 458 E 19 Street Hialeah, Fl. 33013

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature