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To: Division of Corporations
Fax Number : (850)205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
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Coyne
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION
LIMITED HOME HEALTH CARE, INC.

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Page Count	03
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J. Shivers AUG 07 2006

ARTICLES OF INCORPORATION
OF

LIMITED HOME HEALTH CARE, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

LIMITED HOME HEALTHCARE, INC.

The principal place of business of this corporation shall be:

8040 N.W. 155th Street
Suite #215
Miami Lakes, FL 33016

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

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

One thousand (1,000) common shares at one dollar par value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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TALLAHASSEE, FLORIDA

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ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

President, Secretary and Treasurer
Odette Sanchez
3785 W. 9th Court
Hialeah, FL 33012

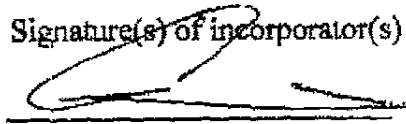
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Carlos E. Garcia C.P.A., P.A.
4995 N.W. 72 Avenue
Suite 206
Miami, FL 33166

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have)
executed these Articles of Incorporation
this 3rd day of August 2006

Signature(s) of incorporator(s)



CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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:

Limited Home Health Care, Inc.

2. The name and address of the registered agent and office is:

Carlos E. Garcia C.P.A., P.A.
4995 N.W. 72 Avenue
Suite 206
Miami, FL 33166
(P. O. Box NOT ACCEPTABLE)

SIGNATURE 

TITLE Incorporator

DATE 08/03/06

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TALLAHASSEE, FLORIDA

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HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE 

DATE 8-3-06