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LAZARUS * CORPORATE FILING SERVICE

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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 2,06 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 Annual Report Foreign Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other

ARTICLES OF INCORPORATION

FILED

OF

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ANNY HOME HEALTH CARE, INC.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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:

ANNY HOME HEALTH CARE, INC.

ARTICLE II PRINCIPAL OFFICE

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

9460 N.W. 12TH ST MIAMI, FL 33172

ARTICLE III SHARES

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

1000 AT NO PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name of the initial registered agent is:

Mayra M Pino

3721 S.W. 105th Ct

Miami, Florida 33165

ARTICLE V INCORPORATOR(S)

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

Annia Asencio 14285 S.W. 150th Avenue Miami, Fl 33196

ARTICLE VI OFFICERS

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

PRESIDENT

Annia Asencio 14285 S.W. 150th Avenue Miami, Fl 33196

VICE-PRESIDENT

Mayra M Pino 3721 S.W. 105th Ct Miami, Florida 33165

SECRETARY

The undersigned incorporator(s) has(have) executed these Articles of Incorporation

Signature
Signature
Signature

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUES, 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 is:

ANNY HOME HEALTH CARE, INC.

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

> Mayra M Pino 3721 S.W. 105th Ct Miami, Florida 33165

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 statues relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as. registered agent.

Mayra Pino 3721 S.W. 105th CT

Miami, Fl 33165