

# P06000116059

Florida Department of State  
Division of Corporations  
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## FLORIDA PROFIT/NON PROFIT CORPORATION

FBE HEALTH HOME CARE, CORP.

Certificate of Status	1
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**Electronic Articles of Incorporation  
For**

**FBE HEALTH HOME CARE, CORP.**

The undersigned incorporators, for the purpose of forming a Florida profit Corporation, hereby adopt(s) the following Articles of Incorporation:

**ARTICLE I**

The name of the corporation is:

**FBE HEALTH HOME CARE, CORP.**

**ARTICLE II**

The principal place of business address:

5040 NW 4<sup>th</sup> STREET  
MIAMI, FL 33126

The mailing address of the corporation is:

5040 NW 4<sup>th</sup> STREET  
MIAMI, FL 33126

**ARTICLE III**

The purpose for which this corporation is:

TRANSACTION ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED  
UNDER THE LAWS OF THE UNITED STATE, OF FLORIDA OR ANY  
STATE, COUNTRY TERRITORY OR NATION.

**ARTICLE IV**

The number of share the corporation is authorized to issue is:

100 (ONE HUNDRED) NO PAR VALUE

**ARTICLE V**

The name and street address of the initial registered agent are:

**BARBARA K. GONZALEZ**  
5040 NW 4<sup>th</sup> STREET  
MIAMI, FL 33126

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DIVISION OF CORPORATIONS

I certify that I am familiar with and accept the responsibilities of register agent.

Register Agent Signature:

SIGNATURE: \_\_\_\_\_

ARTICLE VI

The name and address of the incorporator is:

**BARBARA K. GONZALEZ**  
5040 NW 4<sup>th</sup> STREET  
MIAMI, FL 33126

Incorporator Signature:

SIGNATURE: \_\_\_\_\_

ARTICLE VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P/D

**BARBARA K. GONZALEZ**

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CORPORATION