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To:

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

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT/NON PROFIT CORPORATION

MI FAMILIA HOME HEALTH CARE, INC.

Certificate of Status	0
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**ARTICLES OF INCORPORATION
OF
MI FAMILIA HOME HEALTH CARE, INC.**

ARTICLE I. NAME

The name of this corporation is:
MI FAMILIA HOME HEALTH CARE, INC.

ARTICLE II. DURATION

This corporation shall have perpetual existence, unless sooner dissolved in accordance with the laws of the State of Florida.

ARTICLE III. PURPOSE

This corporation is organized for the purpose of transacting any and all business permitted under the laws of the United States of America and the State of Florida.

ARTICLE IV. CAPITAL STOCK

This corporation is authorized to issue FIVE HUNDRED (500) shares of COMMON STOCK, with a par value of TEN (\$10.00) dollars each.

ARTICLE V. AMOUNT OF CAPITAL

The amount of capital with which this corporation will begin business is not less than FIVE THOUSAND (\$5,000.00) DOLLARS.

ARTICLE VI. PREEMPTIVE RIGHTS.

Every shareholder upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of (fractional shares) at the price at which it is offered to others.

ARTICLE VII. INITIAL REGISTERED OFFICE, AGENT AND PRINCIPAL OFFICE

The street address of the initial registered office of this corporation is:
6475 SW 34th STREET, MIAMI, FL 33155

The name of the initial registered agent of this corporation is:
IRENE E. CRUZ

The corporation principal office shall be:
7570 NW 14TH STREET, SUITE #110, MIAMI, FL 33126

ARTICLE VIII. INITIAL BOARD OF DIRECTORS AND OFFICERS

This corporation shall have (TWO) directors(s), initially. The number of Directors may be either increased or diminished from time to time by the bylaws but shall never be less than ONE (1).

The name(s) and address(es) of the initial Board of Director(s) of this corporation is(are):

IRENE E CRUZ, PRESIDENT, SECRETARY, TREASURER & DIRECTOR
6475 SW 34th STREET, MIAMI, FL 33155

OSMANY CRUZ, DIRECTOR
6475 SW 34th STREET, MIAMI, FL 33155

IVAN CRUZ, DIRECTOR
11320 SW 56TH STREET, MIAMI, FL 33165

ARTICLE IX. INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE X. INCORPORATORS


The name and address of the persons(s) signing these Articles of Incorporation is (are):

IRENE E CRUZ
6475 SW 34th STREET, MIAMI, FL 33155

OSMANY CRUZ
6475 SW 34th STREET, MIAMI, FL 33155

IVAN CRUZ
11320 SW 56TH STREET, MIAMI, FL 33165

IN WITNESS THEREOF, we (I), being all of the original subscriber(s) and incorporator(s) of this Corporation for the purpose of forming a Corporation, do make and file these Articles of Incorporation with the Secretary of the State of Florida, and accordingly set our hands and seal this 11th day of September 2006.


IRENE E. CRUZ


OSMANY CRUZ


IVAN CRUZ

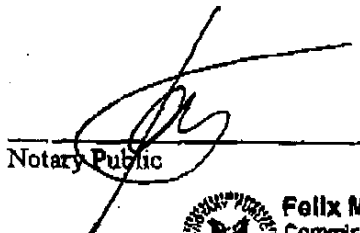
STATE OF FLORIDA
COUNTY OF MIAMI-DADE

I HEREBY CERTIFY THAT on this day, before me, a Notary Public, duly authorized in the above-mentioned State and County to take acknowledgments, personally appeared

IRENE E. CRUZ, OSMANY CRUZ & IVAN CRUZ

To me well know and know to be the person(s) described in and who executed these foregoing Articles of Incorporation.

WITNESS my hand and official seal in the City of Miami, County of Miami-Dade and State of Florida, this 11th day of September 2006.


Notary Public



Felix M. Caceres
Commission # DD587268
Expires August 21, 2010
Bonded by Feltz Insurance, Inc. 800-263-7079

**CERTIFICATE DESIGNATING DOMICILE FOR THE SERVICE OF PROCESS
WITHIN THE STATE OF FLORIDA NAMING AGENT WHO PROCESS MAY
BE SERVED**

In pursuance of Chapter 48,091, Florida Statutes, the following is submitted, in
Compliance with said act:

First – MI FAMILIA HOME HEALTH CARE, INC.


Qualified to do business under the laws of the State of Florida with its principal
Office at 7570 NW 14TH STREET, SUITE #110, MIAMI, FL 33126

Has appointed: **IRENE E. CRUZ**
6475 SW 34TH STREET
MIAMI, FL 33155

as its agent to accept service of process within this State.

ACKNOWLEDGMENT

Having been named to accept service of process for the above stated Corporation
At place designated in this Certificate, I hereby accept to act in this capacity and
agree to comply with the provisions of said Act, relative to keeping open said
office.



IRENE E. CRUZ

Sworn to and subscribed before me,
This 11th day of September 2006.

Notary Public



Felix M. Caceres
Commission # DD587286
Expires August 21, 2010
Bonded Tray Pals - International, Inc. 800-325-7010

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