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TALLAHASSEE, FLORIDA

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DEPARTMENT OF REVENUE
DIVISION OF REGISTRATION
TALLAHASSEE, FLORIDA

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LAZARUS
CORPORATE FILING SERVICE
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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. TOP NOTCH HOME HEALTH SERVICES, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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NEW FILINGS

☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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DIVISION OF CORPORATIONS
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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

October 30, 2006

LAZARUS CORPORATE FILING SERVICE
3320 SW 87TH AVENUE
MIAMI, FL 33165

SUBJECT: TOP NOTCH HOME HEALTH SERVICES, INC.
Ref. Number: W06000047486

We have received your document for TOP NOTCH HOME HEALTH SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

An effective date may be added to the Articles of Incorporation if a 2007 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Document Specialist
New Filing Section

Letter Number: 406A00064158

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned Incorporates(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:

TOP NOTCH HOME HEALTH SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

TOP NOTCH HOME HEALTH SERVICES, INC.
13351 S.W. 88 TERR. UNIT F
MIAMI, FL. 33186

ARTICLE III SHARES

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

100 Shares of stock at \$5.00 each.

**ARTICLE IV INITIAL REGISTERES AGENT AND STREET
ADDRESS**

The name and address of the initial registered agent is:

**EMILIO LEON
13351 S.W. 88 TERR. UNIT F
Miami Fl. 33186**

ARTICLE V INCORPORATOR(s)

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

**Emilio Leon
13351 S.W. 88 Terr. Unit F, Miami, Fl. 33186**

**Marilyn Ricardo
10375 S.W. 30 St. Miami, Fl. 33165**

**Frank Ricardo
10375 S.W. 30 St. Miami, Fl. 33165**

**Yudiva Merlano
13351 S.W. 88 Terr. Unit F, Miami, Fl. 33186**

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

Emilio Leon - President -	13351 S.W. 88 Terr. Unit F - Miami, Fl. 33186
Marilyn Ricardo - Vice President -	10375 S.W. 30 St. Miami, Fl. 33165
Frank Ricardo - Treasurer	10375 S.W. 30 St. Miami, Fl. 33165
Yudiva Merlano - Secretary	13351 S.W. 88 Terr. Unit F - Miami, Fl. 33186

The undersigned incorporates(s) has (have) executed these Articles of Incorporation this October 26, 2006

President:

SIGNATURE

Vice-President:

SIGNATURE

TREASURER:

SIGNATURE

SECRETARY:

SIGNATURE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT PLACE RESIGNATED 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 M FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Registered Agent