

PO0000143793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

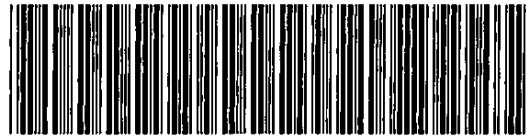
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

for 11/15/06

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED
06 NOV 14 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Expert Quality Home Health Consulting, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Maria T. Rivero
Name (Printed or typed)

8550 SW 109 Ave. #121
Address

Miami, FL 33173
City, State & Zip

305-632-1007
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Expert Quality Home Health Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8550 SW 109 Ave. #121
Miami, FL 33173

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Home Health Consulting

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Maria T. Rivero, 8550 SW 109 Ave. #121, Miami, FL 33173, President
Margarita Trutt, 9963 SW 147 Ct., Miami, FL 33196, Vice President
Michael C. Trutt, 9963 SW 147 Ct., Miami, FL 33196, CFO

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


Michael C. Trutt
9963 SW 147 Ct.
Miami, FL 33196

ARTICLE VII INCORPORATOR

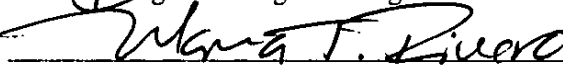
The name and address of the Incorporator is:

Maria T. Rivero
8550 SW 109 Ave. #121
Miami, FL 33173

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

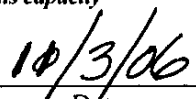


Signature/Incorporator

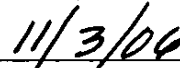
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Date



Date