

POL000144887

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 NOV 17 PM 1:57

B. McKnight NOV 17 2006

## COVER LETTER

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

SUBJECT: Alternative Care Home Health, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: SAMANTHA N. GRAHAM  
Name (Printed or typed)

4987 N. University Drive  
Address

Lauderhill, FL 33351  
City, State & Zip

954-600-2932  
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:

Alternative Care Home Health, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4987 N. University Drive  
S-2403  
Lauderhill, FL 33351

MAILING ADDRESS :  
P.O. Box 450484  
Sunrise, FL 33345-9998

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and ALL Lawful Business

## ARTICLE IV SHARES

The number of shares of stock is:

1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SAMANTHA N. GRAHAM  
4987 N. University Drive  
Lauderhill, FL 33351

title: PD

## ARTICLE VI REGISTERED AGENT

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

SAMANTHA N. GRAHAM  
4987 N. University Drive  
Lauderhill, FL 33351

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SAMANTHA N. GRAHAM  
4987 N. University Drive  
Lauderhill, FL 33351

\*\*\*\*\*  
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

11/14/06  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

11/14/06  
\_\_\_\_\_  
Date

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