

PO6000153474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

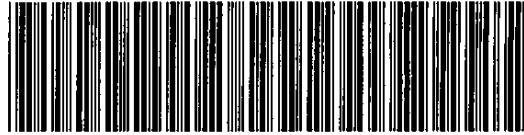
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/14/06--01010--012 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 14 PM 2:31

1/11

COVER LETTER

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

SUBJECT: MY LIFE HOME HEALTH, CORP

(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: CECILIA M HERNANDEZ

Name (Printed or typed)

5450 SW 8 ST SUITE 202

Address

MIAMI, FL 33134

City, State & Zip

786-237-9277

Daytime Telephone number

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

06 DEC 14 PM 2:31

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:

MY LIFE HOME HEALTH, CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5450 SW 8 ST SUITE 202
MIAMI, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HOME HEALTH SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

500 SHARE OF COMMON STOCK HAVING A PAR VALUE OF \$ 1.00 PER SHARE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ALEXANDER LARA
5450 SW 8 ST SUITE 202
MIAMI, FL 33134

CECILIA M HERNANDEZ
5450 SW 8 ST SUITE 202
MIAMI, FL 33134

President

Vice - President

ARTICLE VI REGISTERED AGENT

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

CECILIA M HERNANDEZ
5450 SW 8 ST SUITE 202 MIAMI FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CECILIA MHERNANDEZ
5450 SW 8 ST SUITE 202 MIAMI FL 33134

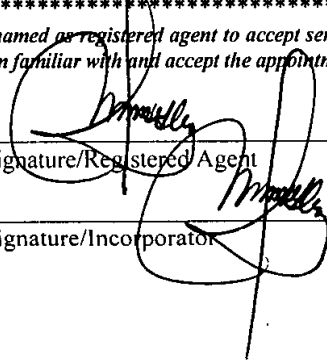
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

12/11/2006

Date



Signature/Incorporator

12/11/2006

Date