

Florida Department of State
Division of Corporations
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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

LOVE CARE HOME HEALTH, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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Help

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:

LOVE CARE HOME HEALTH, CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

939-B SW 87th AVE, MIAMI FL 33174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This Corporation is organized for the purpose of transacting any and all lawfull business relating to
HOME HEALTH CARE SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS

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

MAYDELL DIAZ [PRES./ TRES.] 1301 SW SALZEDO STREET Apt #3 CORAL GABLES FL 33134
IRMA VEGA [VICE PRES / SEC.] 2901 SW 20th STREET MIAMI FL 33145

ARTICLE VI REGISTERED AGENT

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

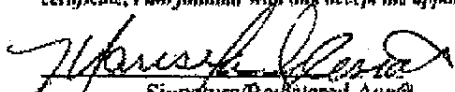
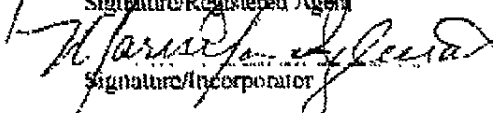
MARISELA IGLESIAS
1761 SW 11th STREET
MIAMI, FL 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARISELA IGLESIAS
1761 SW 11th STREET
MIAMI, FL 33135

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

1-29-07
Date
1-29-07
Date