

PO7000018899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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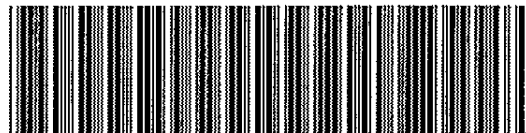
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 FEB -9 PM 2:17

APPROVED  
AND  
FILED

B. McKnight FEB 12 2007

## COVER LETTER

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

SUBJECT: Pines Home Healthcare Solutions 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: Andres Serna  
Name (Printed or typed)

2880 Evergreen Way  
Address

Cooper City FL 33026  
City, State & Zip

(954) 445-3865  
Daytime Telephone number

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

**ARTICLE OF INCORPORATION  
OF  
PINES HOME HEALTHCARE SOLUTIONS,  
INC.**

The undersigned incorporator, for the purpose of forming a Corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

**ARTICLE I: NAME**

The name of the corporation shall be:

PINES HOME HEALTHCARE SOLUTIONS, INC.

**ARTICLE II: PRINCIPAL OFFICE**

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

2880 Evergreen Way  
Cooper City, Florida 33026

**ARTICLE III: PURPOSE**

The purpose for which the corporation is organized is to provide home health care services.

**ARTICLE IV: CAPITAL STOCK**

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

10,000 (Ten Thousand) Shares Common Stock

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TALLAHASSEE, FLORIDA

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## **ARTICLE V: INITIAL CORPORATE OFFICER**

The initial corporate officer shall be:

Andres Serna

President

## **ARTICLE VI: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

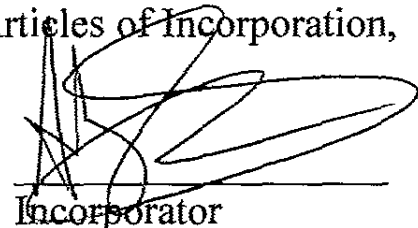
Andres Serna  
151 N.E. 16<sup>th</sup> Avenue  
Apt. # 162  
Fort Lauderdale, Florida 33301

## **ARTICLE VII: INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation is:

Andres Serna  
151 N.E. 16<sup>th</sup> Avenue  
Apt. # 162  
Fort Lauderdale, Florida 33301

The undersigned has executed these Articles of Incorporation,  
This 7<sup>th</sup> Day of February 2007.



Incorporator

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/ REGISTERED  
OFFICE**

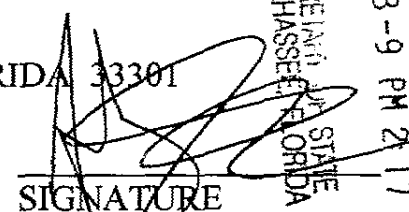
PURSUANT TO THE PROVISIONS OF SECTION 607,0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:

PINES HOME HEALTHCARE SOLUTIONS, INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

ANDRES SERNA  
151 N.E. 16<sup>th</sup> AVENUE  
APT. # 162  
FORT LAUDERDALE, FLORIDA 33301

  
SIGNATURE  
TITLE: PRESIDENT  
DATE: February 7, 2007

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

  
SIGNATURE  
DATE: February 7, 2007