

PO7000031592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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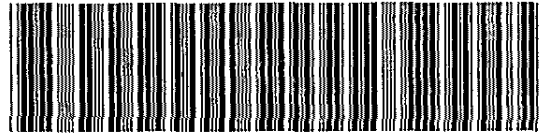
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/28/07--01034--008 **78.75

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2007 MAR 12 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Hampton MAR 13 2007

COVER LETTER

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

SUBJECT: JARE HOME HEALTH SERVICES 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: JARE HOME HEALTH SERVICES, INC.

Name (Printed or typed)

2200 SW 16 STREET

Address

SUITE 210

City, State & Zip

MIAMI, FL 33145

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2007

JARE HOME HEALTH SERVICES
1904 SW 17TH AVE
APT 1
MIAMI, FL 33145

SUBJECT: JARE HOME HEALTH SERVICES
Ref. Number: W07000010420

We have received your document for JARE HOME HEALTH SERVICES and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please complete the address in article II.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Document Specialist
New Filing Section

Letter Number: 007A00014783

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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:

JARE HOME HEALTH SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2200 SW 16 STREET
SUITE 210
MIAMI, FL 33145

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:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LISSETE PERAZA - PRESIDENT
2200 SW 16 STREET
SUITE 210
MIAMI, FL 33145

ARTICLE VI REGISTERED AGENT

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

LISSETE PERAZA
1904 SW 17TH AVENUE - APT 1
MIAMI, FL 33145

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LISSETE PERAZA
2200 SW 16 STREET
SUITE 210
MIAMI, FL 33145

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

03/05/07

Date



Signature/Incorporator

03/05/07

Date

FILED

2007 MAR 12 AM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA