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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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COVER LETTER

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$87.50 \$70.00 \$78.75 **378.75** Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: CHARLES GUGLIUZZA Name (Printed or typed) 381 N Krome Avenue, Suite 205 HOME HEALTH CARE NETWORK, INC City, State & Zip 305-247-5040 Daytime Telephone number

SUBJECT: HOME HEALTH CARE NETWORK, INC

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



RECEIVED

07 MAR 12 PM 1: 36

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2007

DEPARTMENT OF STATE BEVISION OF CORPORATIONS TALLAHASSEF, FLORIDA

Letter Number: 207A00010862

CHARLES GUGLIUZZA 381 N KROME AVENUE SUITE 205 HOMESTEAD, FL 33030

SUBJECT: HOME HEALTH CARE NETWORK, INC

Ref. Number: W07000007448

We have received your document for HOME HEALTH CARE NETWORK, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

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) 245-6879.

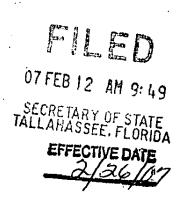
Ruby Dunlap Regulatory Specialist New Filing Section

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF INCORPORATION

<u>OF</u>

HOME HEALTH CARE NETWORK, INC



I, the undersigned incorporator of this corporation under Florida Statute 607, as amended, do hereby associate myself to form a corporation and adopt the following Articles of Incorporation.

ARTICLE I

NAME OF CORPORATION

The name of this corporation is:

HOME HEALTH CARE NETWORK, INC

ARTICLE II

PRINCIPAL OFFICE

The initial principal office and mailing address is located at 13780 SW 26 Street #108; Miami, FL 33175

ARTICLE III

<u>PURPOSE AND NATURE OF BUSINESS</u>

The purpose of this corporation and general nature of the business to be conducted are as follows:

To engage in any business activity or endeavor that is lawful under the laws of the State of Florida, and the United States of America

ARTICLE IV

DURATION OF CORPORATION

This corporation is to have perpetual existence commencing on the date of execution and acknowledgment of these Articles of Incorporation.

ARTICLE V

CAPITAL STOCK

The maximum number of shares of stock which this corporation is authorized to have outstanding at any one time is three hundred (300) shares of Common Stock, each share having no par value.

ARTICLE VI

INITIAL CAPITAL CONTRIBUTION

The amount of capital with which this corporation shall begin business shall not be less than Five Hundred (\$500.00) Dollars

ARTICLE VII

SUBSCRIBERS (INCORPORATORS)

The name and address of the subscriber of these Articles of Incorporation and the number of shares he has elected to take is as follows:

		MONIDER OF
SUBSCRIBER	<u>ADDRESS</u>	SHARES
	 _	 _

Haydee A. Mayens-Mullins

13780 SW 26 Street, Suite 108 Miami, FL 33175 100

NUMBED OF

- 2 -

of Florida, shall hold office for the first year of the corporation's existence, or until his or her successors are elected and qualified, are:

NARR		
NAME	<u>ADDRESS</u>	
Haydee A. Mayens-Mullins	13780 SW 26 Street, Suite 108 Miami, FL 33175	
Michael Bacelo	13780 SW 26 Street Suite 108	

13780 SW 26 Street, Suite 108 Miami, FL 33175

Manuel R. Bacello 13780 SW 26 Street, Suite 108 Miami, FL 33175

ARTICLE X

INITIAL OFFICERS

The name and address of the member of the initial Officers who, subject to the provisions of the Certificate of Incorporation, the By-Laws and the corporation Laws of the State of Florida, shall hold office for the first year of the corporation's existence, or until his or her successors are elected and qualified, are:

NAME Office(s) Held

Haydee A. Mayens-Mullins President

Manuel R. Bacelo Treasurer

Michael Bacelo Secretary

ARTICLE XI

VOTING RIGHTS

Except as otherwise provided by law, the entire voting power for the election of Directors and for all other purpose shall be vested exclusively in the holders of the outstanding common shares.

ARTICLE XII

PRE-EMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he or she already holds, shall have the right to purchase his or her pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE XIII

INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 13780 SW 26 Street, Suite 108; Miami, FL 33175, and the name of the initial Registered Agent of this corporation at that address is Haydee A. Mayens-Mullins.

ARTICLE XIV

INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

DATED this day of January, 2007

AYDEE A MAYENS-MULLINS

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE PURPOSE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST, HOME HEALTH CARE NETWORK INC. IS DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT 13780 SW 26 STREET, SUITE 108; MIAMI, FL 33175, STATE OF FLORIDA, HAS NAMED HAYDEE A MAYENS-MULLINS, AT 13780 SW 26 STREET, SUITE 108; MIAMI, FL 33175, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

Signature Liquid Signature Signature

Having been named as registered agent and to accept services of process for the above stated corporation, at the place designated in this certificate, I hereby agree to accept the appointment as registered agent and 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 as registered agent.

Signature

AYDEE A MAYENS-MULLINS

Date: