P0700043375

(Requestor's Name)		
(Address)		
(Address)		
	•	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	•
•		
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer	
opeoidi mondenene te	Timing Officer.	
		į

Office Use Only



900089239079

03/19/07--01022--011 **78.75

RECEIVED

OT HAR 19 PH 12: 29

INVESTIGATION

DIVISION OF THE PROBLEM

OTMAR IG PH 1: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATE FILING SERVICE

CR2E031(7/97)

3320 SW 87 [™] AVENUE	
MIAMI, FL 33165 (305) 552-59	73
	Office Use Only
CORPORATION NAME(S) & DOCUME	NT NUMBER(S), (if known):
NOEL HOME HEALTH	+ SERVICES INC
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
	· .
(Corporation Name)	(Document #)
(Corporation Plante)	(Document #)
4	
(Corporation Name)	(Document #)
Walk in Pick up time 2	66 Certified Copy
	Photocopy
Will Wait	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
Profit	Amendment
Not for Profit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication Other	Dissolution/Withdrawal
- Other	☐ Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign
☐ Fictitious Name	Limited Partnership
•	Reinstatement
	Trademark Other
	Examiner's Initials



March 20, 2007

LAZARUS

SUBJECT: NOEL HOME HEALTH SERVICES INC

Ref. Number: W07000013630

We have received your document for NOEL HOME HEALTH SERVICES INC 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 person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6955.

Letter Number: 307A00019211

Suzanne Hawkes Document Specialist New Filing Section

O7MAR 19 PH 1: 57
SECRETARY OF STATE
TALLAHASSEE, FLANKS.

ARTICLES OF INCORPORATION

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

ARTICLE I - NAME

The name of the corporation shall be:

NOEL HOME HEALTH SERVICES INC

ARTICLE II - PRINCIPAL OFFICE

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

850 WEST 49th STREET APT 708 HIALEAH FLA 33012

ARTICLE III - SHARES

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Severino N. Sanchez 220 W 68 STREET APT 105 HIALEAH FLA 33014

FILED

07MARI -19 PH 1:57

ARTICLE V - INCORPORATOR CRETARY OF STATE TALLAHASSEE, FLORIDA

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

The undersigned incorporator has executed these Articles of 5 day of Incorporation this

ARTICLE VI- DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of incorporation is (are):

Severino N Sanchez (- trecidente) 850 W 49 ST Apto 708 Haleah Fl 33012.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position/as Registered Agent.

ignature