

PO7000049734

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000110061 3)))



H070001100613ABCQ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 APR 21 AM 10:36

FILED

FLORIDA PROFIT/NON PROFIT CORPORATION

DOUBLE NINE HOME HEALTH, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

407 000 1100613.

ARTICLES OF CORPORATION
OF

DOUBLE NINE HOME HEALTH ,CORP.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

DOUBLE NINE HOME HEALTH ,CORP.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:
To have perpetual succession by its corporate

name:

DOUBLE NINE HOME HEALTH ,CORP.

CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300

407 000 1100613.

SECTION OF STATE
TALLAHASSEE, FLORIDA

07 APR 21 AM 10:39

APPROVED
FILED

107 000110 0613.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

**RICARDO LOPEZ
260 E 57 ST
HIALEAH, FL 33013**

The principal office shall be:

**260 E 57 ST
HIALEAH, FL 33013**

107 000110 0613.

1107 000 110 0613.

ARTICLE VI

The initial Board of Directors shall consist of a total of **TWO (02)** person, and the name and address of the person who is to serve as an initial director is:

RICARDO LOPEZ
260 E 57 ST
HIALEAH, FL 33013

PRESIDENT

ADA L HERNANDEZ
260 E 57 ST
HIALEAH, FL 33013

PRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is

RICARDO LOPEZ
260 E 57 ST
HIALEAH, FL 33013

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this APRIL 23, 2007.



RICARDO LOPEZ

1107 000 110 0613.

407 000 110 0613.

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

Pursuant to the provision of sections 607.0501 or 617.0501, 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:


DOUBLE NINE HOME HEALTH ,CORP.

2. The Name and Address of the registered agent and office is

**RICARDO LOPEZ
260 E 57 ST
HIALEAH, FL 33013**

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


Dated: APRIL 23, 2007.

407 000 110 0613.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 APR 24 AM 10:35

APPROVED
AND
FILED