## P07000057069

(Re	equestor's Name)	
<u> </u>		
(Ac	ddress)	
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(Ac	ddress)	
<b>6</b> :	101-1-17 (D)	
(CI	ty/State/Zip/Phone #	5)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	usiness Entity Name	)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	:
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	Office Use Only	
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2007 HAY II PH 1: 29
SECRETARY OF STATE

## **COVER**\*LETTER

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

SUBJECT:	rimary Hea				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLU</u>	JDE SUFFIX)		
P 1 3	-\14 (1\)64b		a alcade Cam		
Enclosed are an on	ginal and one (1) copy of the arti	cies of incorporation and	a check for:		
\$70.00	\$78.75	\$78.75	\$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
	& Certificate of Status	& Certified Copy	Certified Copy		
			& Certificate of Status		
		ADDITIONAL CO			
FROM: Rilwan A. Adigun					
Name (Printed or typed)					
2191 NE 167 st					
		Address	· <del></del>		
	Miami, FL.	33162			
	City,	33162 State & Zip	<del> </del>		
1205) 780-7116					
	(305) 188-7616  Daytime Telephone number				

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

ARTICLES OF INCORPORATI	ION	-1
In compliance with Chapter 607 and/or C	Chapter 621, F.S. (Profit)	2007 MAY I I SECRETARY ALLAHASS
₫.		CRI H
ARTICLE 1 NAME		HE A I
The name of the corporation shall be:		SSS I
Primary Health =	Lic.	THAY II PM 1:29 ECRETARY OF STATL LLAHASSEE, FLORID,
ARTICLE II PRINCIPAL OFFIC	<u>CE</u>	*: 2
The principal place of business/mailing ad	dress is:	2 0
2191 NE 167 st		
Miami, FL. 33162		
		1 121 000
ARTICLE III PURPOSE  The purpose for which the corporation is services for recover ill persons in need of treatment and/or examples of shares of stock is:	organized is: To provide	home health cal
services for recover	ing disabled, chro	nically or terminal
ill persons in need o	f medical, nursing,	social or therapud
treatment and/or es	ssential activities o	of daily living.
The number of shares of stock is:		5
The number of shares of stock is:		
ARTICLE V INITIAL OFFICER	S AND/OR DIRECTORS	
List name(s), address(es) and specific tit		
Director: Rilwan Director: Sergei	Δ Δλ: σ	
The certain Allwan	n. haigar	
Director: Sergei	H. Grant	
,		
	O PAMO	
The name and Florida street address (P.	<del></del>	ared agent is:
The name and Florida street address (P.		ered agent is.
Rilwan A. Adiqun	1	
2191 NE 167 St		
Miami, FL 33162		
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporate	or is:	
Rilwan A. Adigun Seggei A. 6 ant 21919 NE 167st		
Serger H. Grant		•
Miami, FL 33162	*********	
**************	*************************	*******
Having been named as registered agent to accept certificate, I am familiar with and accept the appo		
1 1 1		
44.		5-9-2007
Signature/Registered Agent		Date
Alune Dalmit		5-9-2007
Signature/incorporator		Date
2.9 interest into thoracor		