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| (Re | questor's Name) | |
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| | | |
| (Ad | dress) | |
| | | |
| (Address) | | |
| | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bu | siness Entity Nar | ne) |
| | | • |
| (Do | cument Number) | |
| . Certified Copies | _ Certificates | s of Status |
| | | |
| Special Instructions to Filing Officer: | | |
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Office Use Only



400103513574

05/31/07--01030--018 **78.75

MRD,



COVER LETTER

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

| SUBJECT: M R HOME HEALTH SERVI | CES, INC. |
|--|--|
| (PROPOSED CORPORAT | TE NAME – <u>MUST INCLUDE SUFFIX</u>) |
| | |
| Enclosed are an original and one (1) copy of the artic | eles of incorporation and a check for: |
| \$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status | ▼ \$78.75 |
| FROM: RAMON REYES | |
| Name | (Printed or typed) |
| 5035 PALM AVE | Address |
| HIALEAH, FL 33012 | State & Zip |
| 305-822-0669 Daytime T | elephone number |

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

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The name of the corporation shall be:

M R HOME HEALTH SERVICES, INC.

FILED

07 MAY 31 PH 1: 07

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1546 W 77 ST HIALEAH, FL 33014

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:

10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PRESIDENT/ SECRETARY: MARGARITA REYES 1546 W 77 ST HIALEAH, FL 33014

ARTICLE VI REGISTERED AGENT

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

MARGARITA REYES 1546 W 77 ST HIALEAH, FL 33014

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

MARGARITA REYES 1546 W 77 ST HIALEAH, FL 33014

| 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 | | | |
|---|---------|--|--|
| Mayana | 5/25/07 | | |
| Signature/Registered Agent | Date | | |
| Snaga | 5/25/07 | | |
| Signature/Incorporator | . Date | | |