

007000074238

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.

(((H07000166312 3)))



H070001663123ABC-

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 : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

FILED
07 JUN 26 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION**JSC HOME HEALTH & CHILD CARE, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

6/27/07

ARTICLES OF CORPORATION
ARTICLES OF INCORPORATION

FILED
07 JUN 26 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OF:
JCC HOME HEALTH & CHILD CARE, INC.

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, HEREBY ADOPT (S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I.

THE NAME OF THE CORPORATION SHALL BE:
JCC HOME HEALTH & CHILD CARE, INC.

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE:
246 N.W. 93RD STREET
MIAMI, FLORIDA 33150-2236

ARTICLE II. NATURE OF BUSINESS

THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL LAWFUL ACTIVITIES, OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY, TERRITORY OR NATION.

ARTICLE III. CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS PAR VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:
1000 PAR VALUE ———, ONE THOUSAND DOLLARS (\$1000.00).

ARTICLE IV. TERM OF EXISTENCE

ARTICLES OF CORPORATION

THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE V. OFFICERS DIRECTORS

THE NAME (S) AND STREET ADDRESS (ES) OF THE INITIAL OFFICER (S) AND DIRECTOR (S), IF ANY, WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE CORPORATION'S EXISTENCE OR UNTIL THEIR SUCCESSOR (S) IS (ARE) ELECTED, IS (ARE):

PRESIDENT: JOYCE WILLIAMS
248 N.W. 93RD STREET
MIAMI, FLORIDA 33150-2236

TREAS: CHASTITY P. WILLIAMS DENNIS
246 N.W. 93RD STREET
MIAMI, FLORIDA 33150-2236

SECRE: CATANYA JACKSON
246 N.W. 93RD STREET
MIAMI, FLORIDA 33150-2236

ARTICLE VI. INCORPORATOR (S)

THE NAME (S) AND STREET ADDRESS (ES) OF THE INCORPORATOR (S) TO THIS ARTICLES OF INCORPORATION IS (ARE):

PRESIDENT: JOYCE WILLIAMS
246 N.W. 93RD STREET
MIAMI, FLORIDA 33150-2236

TREAS: CHASTITY P. WILLIAMS DENNIS
246 N.W. 93RD STREET
MIAMI, FLORIDA 33150-2236

PREPARED BY: BARBARA FOUST, P.A.
3401 N.W. 202ND STREET
MIAMI GARDENS, FLORIDA 33056-1722

JUN-26-07 TUE 01:42 PM

ARTICLES OF CORPORATION
(305) - 623-5109

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE)
EXECUTED THESE ARTICLES OF INCORPORATION THIS: JUNE 26, 2007.

SIGNATURE (S) OF THE INCORPORATOR (S)


JOYCE WILLIAMS, PRESIDENT

CERTIFICATE OF DESIGNATION

REGISTERED AGENT AND REGISTERED OFFICE

FILED
07 JUN 26 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 807.325, 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.

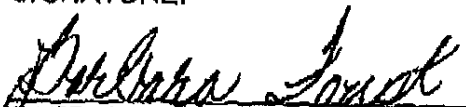
THE NAME OF THE CORPORATION:

JCC HOME HEALTH & CHILD CARE, INC.

THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

BARBARA FOUST,
3401 N.W. 202ND STREET
MIAMI GARDENS, FLORIDA 33056-1722
(305) - 623-5109

SIGNATURE:


BARBARA FOUST

H07000166312 3

ARTICLES OF CORPORATION

TITLE: REGISTERED AGENT

DATE: JUNE 26, 2007

FILED
07 JUN 26 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE
STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE,
I HEREBY AGREE TO ACT IN THIS CAPACITY. AND I FURTHER AGREE TO COMPLY
WITH PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE
PERFORMANCE OF MY DUTIES.
AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA
STATUTES.

SIGNATURE:

Barbara Foust
BARBARA FOUST

DATE: JUNE 26, 2007

PREPARED BY: BARBARA FOUST, CPA
3401 N.W. 202ND STREET
MIAMI GARDENS, FLORIDA 33056-1722
(305) - 623-5109 - (OFFICE)

H07000166312 3