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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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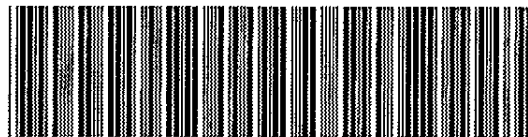
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

De

COVER LETTER

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

SUBJECT: Home Health Advantage, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Home Health Advantage, Inc

Name (Printed or typed)

16041 SW 110th street.

Address

Miami, Florida, 33196

City, State & Zip

(305) 383-5273

Daytime Telephone 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

The name of the corporation shall be:

Home Health Advantage, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

16041 SW 110th Street, Miami, Florida 33196

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All Legal Business Authorized under the Laws of the State of Florida and the Unite States of America.

ARTICLE IV SHARES

The number of shares of stock is:

100 Shares of \$1.00 Common Stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Yoel Cruz, 16041 SW 110th Street, Miami, Florida 33196, President/Director.

Loraimis Cruz, 16041 SW 110th Street, Miami, Florida 33196, Treasurer.

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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


Yoel Cruz, 16041 SW 110 Street, Miami, Florida 33196

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Yoel Cruz, 16041 SW 110 Street, Miami, Florida 33196

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



Signature/Registered Agent

07-03-07

Date



Signature/Incorporator

07-03-07

Date