

PO7000079264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

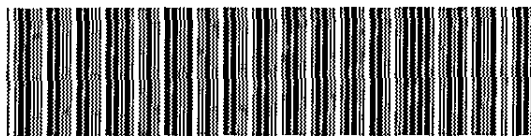
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/11/07--01021--003 \*\*78.75

SECRET  
TALLAHASSEE, FLORIDA

07 JUL 11 PM 12:17

FILED

STATE  
DIVISION OF REGISTRATION  
TALLAHASSEE, FLORIDA

07 JUL 11 AM 11:03

RECEIVED

7/13/07

# LAZARUS

## CORPORATE FILING SERVICE

Requester's Name

3320 S.W. 87<sup>TH</sup> AVENUE

Address

MIAMI, FL 33165 (305) 552-5973

City/State/Zip

Phone #

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### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. SOLER HOME HEALTH CARE, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

### NEW FILINGS

- ☒ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

### AMENDMENTS

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

### OTHER FILINGS

- ☐ Annual Report  
☐ Fictitious Name

### REGISTRATION/QUALIFICATION

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

ARTICLES OF INCORPORATION  
OF  
SOLER HOME HEALTH CARE, INC.

FILED  
07 JUL 11 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 -NAME

THE NAME OF THE CORPORATION SHALL BE:  
SOLER HOME HEALTH CARE, INC.  
THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE  
\_\_\_\_\_ 8520 SW 150 AVE STE 101, MIAMI, FLORIDA 33193-----

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 VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS: 500 all of which shall be common shares (1.00 PER VALUE EACH.)

Gloria Castillo Associates Inc  
5610 SW 93<sup>rd</sup> Ave.  
Miami, Fl. 33173

SOLER HOME HEALTH CARE, INC  
CONTINUATION-

-2-

ARTICLE IV -TERM OF EXISTENCE

TERM OF EXISTENCE OF THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE V- OFFICER (S) AND DIRECTOR (S)

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 THERE  
SUCCESSION (S) IS (ARE) ELECTED IS (ARE)

JUANA SOLER	8520 SW 150 AVE STE 101
PRESIDENT/SECRETARY	MIAMI, FL. 33193

ARTICLE VI INCORPORATOR (S)

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

JUANA SOLER	8520 SW 150 AVE STE 101
PRESIDENT/SECRETARY	MIAMI, FL. 33193

CONTINUATION \_\_ARTICLE VI-INCORPORATOR (S)  
SOLER HOME HEALTH CARE, INC

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR (S)  
HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION  
THIS FIRST (11 DAY (S) OF JULY, 2007.

SIGNATURE (S) OF INCORPORATOR (S)

A handwritten signature in dark ink, appearing to read 'Juana Soler', is written over a horizontal line.

JUANA SOLER  
PRESIDENT/SECRETARY

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.325, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF 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:

SOLER HOME HEALTH CARE, INC

2. - THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

JUANA SOLER---

8520 SW 150 AVE 101

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FLORIDA. 33193

(CITY /STATE /ZIPCODE)

SIGNATURE

TITLE

DATE

PRESIDENT

07/11/2007

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

SIGNATURE

DATE

07/11/2007

FILED  
07 JUL 11 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310