

# P07000088092

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 205-0381

**From:**

Account Name : XIOMARA LEE, P.A.  
Account Number : I20040000008  
Phone : (305) 262-2323  
Fax Number : (305) 262-2324

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## FLORIDA PROFIT/NON PROFIT CORPORATION

**J. L. HOME HEALTH CARE INC.**

Certificate of Status	0
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**ARTICLES OF INCORPORATION**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:  
J. L. HOME HEALTH CARE INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:  
941 SW 122 AVE  
MIAMI, FL 33184

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:  
100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):  
JORGE E. LOPEZ PRESIDENT/DIRECTOR  
941 SW 122 AVE  
MIAMI, FL 33184


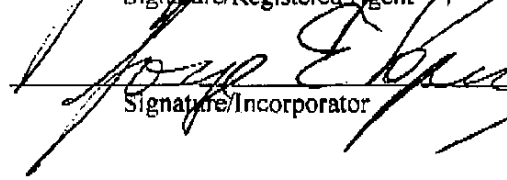
**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:  
JORGE E. LOPEZ  
941 SW 122 AVE  
MIAMI, FL 33184

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
JORGE E. LOPEZ  
941 SW 122 AVE  
MIAMI, FL 33184

\*\*\*\*\*  
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  
  
\_\_\_\_\_  
Signature/Incorporator

08/03/2004  
\_\_\_\_\_  
Date  
08/03/2004  
\_\_\_\_\_  
Date

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