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305-552-5973 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 2.00 Walk in Certified Copy ☐ Mail out Photocopy Certificate of Status Will wait NEW FILINGS **AMENDMENTS** Profit Amendment Resignation of R.A., Officer/Director Not for Profit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION Annual Report Foreign Limited Partnership Fictitious Name Reinstatement Trademark Other

Examiner's Initials



ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

KEILY HOWE HEALTH CARE INC.

The name of the corporation shall be:

KEILY HOWE HEALTH CARE INC ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

2741 SW 139 PL MIAM - TL 33175

- ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

YUSITH PEREZ 2741 SW 139 R KUAMI, PL 33175

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is: \cdot

YUDITH PEREZ 2741 SW 139 R MANY, FC 33175

The undersigned incorporator has executed these Articles of Incorporation this day of \ 2007

ARTICLE VI- DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

YUDITH PEREZ, TROSIDENT. 2741 SW 139 R KUANII) RC 33175

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature