P07000107173

(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		•
		·

Office Use Only



400109111354

09/21/07--01008--017 **78.75

OT SEP 21 PM 12: 36

OT SEP 21 PM 12: 36

DEPARTICULAR OF STATE

DIVISION OF CORPORATIONS

JIVISION OF CORPORATIONS

2001 SEP 26 A II: 3

FILED

D. WHITE SEP 2 7 2007

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

3320 Str 07 ATLINOL	
MIAMI, FL 33165 (305) 55	52-5973
	Office Use Only
ORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if known):
A - 1	
	ME CARE OF MIAMI,
(Corporation Name)	(Document #)
MC	
(Corporation Name)	(Document #)
•	
(Corporation Name)	(Document #)
(ouptiles)	
·	
(Corporation Name)	(Document #)
Walk in Pick up time Mail out Will wait	Certified Copy Photocopy Certificate of Status
NUMBER OF TRACES	A RATERIYAR ATERUTES
NEW FILINGS 17	AMENDMENTS
Profit Not for Profit	Amendment Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger 3
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign
Fictitious Name	Limited Partnership
	Reinstatement
, ·	☐ Trademark
•	Other
	Examiner's Initials

CR2E031(7/97)



RECEIVED

FLORIDA DEPARTMENT OF STATE 26 PM 4: 40

Division of Corporations

DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

Letter Number: 807A00055927

September 24, 2007

LAZARUS

SUBJECT: D. T. L. HOME CARE OF MIAMI, INC

Ref. Number: W07000047184

We have received your document for D. T. L. HOME CARE OF MIAMI, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White Document Specialist New Filing Section

ARTÍCLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

D. T. L. HOME CARE OF MIAMI, INC

FILED

2001 SEP 26 A 11: 31

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

WT221MGORAL WAY, SUITE 209 MIAMI, FLORIDA 33155

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:

100-177

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

WILLIAM LABRADOR 7221 CORAL WAY, SUITE 209 MIAMI, FLORIDA, 33155

ARTICLE VI REGISTERED AGENT

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

WILLIAM LABRADOR 7221 CORAL WAY, SUITE 209 MIAMI, FLORIDA, 33155

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

WILLIAM LABRADOR 7221 CORAL WAY, SUITE 209 MIAMI, FLORIDA, 33155

Wall-Ml	09/14/07
Signature/Registered Agent	Date
N'M YW	09/14/07
Signature/Incorporator	Date