

P07000107274

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000240465 3)))



H070002404653ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0361

From:

Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

FLORIDA PROFIT/NON PROFIT CORPORATION

HOME HEALTH OF SOUTH FLORIDA, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 SEP 26 PM 1:48

APPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

4070002404653.

ARTICLES OF CORPORATION
OF

HOME HEALTH OF SOUTH FLORIDA, CORP.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

HOME HEALTH OF SOUTH FLORIDA, CORP.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:
To have perpetual succession by its corporate

name:

HOME HEALTH OF SOUTH FLORIDA, CORP.

CLARA GIRALDO P.A.
4080 SW 84 AVE SUITE C
MIAMI, FL 33155
(305) 485-9300

4070002404653

SECRETARY OF STATE
TALLAHASSEE FLORIDA

07 SEP 26 PM 1:48

APPROVED
AND
FILED

11070002404653.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Registered Agent of this corporation shall be:

JORGE VILARINO
6625 MIAMI LAKES DR SUITE # 342
MIAMI, FL. 33014

The principal office shall be:

6625 MIAMI LAKES DR SUITE # 342
MIAMI, FL. 33014

11070002404653.

107 000 240 4653

ARTICLE VI

The initial Board of Directors shall consist of a total of **ONE(01)** person, and the name and address of the person who is to serve as an initial director is:

JORGE VILARINO
6625 MIAMI LAKES DR SUITE # 342
MIAMI, FL. 33014

PRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is

JORGE VILARINO
6625 MIAMI LAKES DR SUITE # 342
MIAMI, FL. 33014

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this SEPTEMBER 25, 2007.



JORGE VILARINO

107 000 240 4653.

HO7 000 240 4653.

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the 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 is:

HOME HEALTH OF SOUTH FLORIDA, CORP.

2. The Name and Address of the registered agent and office is

**JORGE VILARINO
6625 MIAMI LAKES DR SUITE # 342
MIAMI, FL. 33014**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 SEP 26 PM 1:48

APPROVED
AND
FILED

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE


Dated: SEPTEMBER 25, 2007.

HO7 000 240 4653.