# P07000114915

•		
(Requestor's Name)		
· (Address)		
(		
_ (Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Cartified Conice Cartificates of Status		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



200110783402

10/19/07--01002--014 \*\*157.50

OT OCT 18 PH 2: 57

2001 OCT 18 P 12: 05
SECRETARY OF STATE
ALLAHASSEE, FI ORIOA

FILED

D. WHITE OCT 19 2002

# **ECFS**

(PRESS CORPORATE FILING SERVICE, INC 1000 PONCE DE LEON BLVD., STE: 101

CORAL GABLES, FL 33134

PH: (305)444-4994 FAX: (305)444-4977

FICE USE ONLY

Examiner's Initials

CORPORATION NAME(S) & DOCU	TMENT NITMBER(S) (if known).	
CORPORATION NAME(S) & DOC	ONTENT INCOMEDIAC(S) (II KIIOWII).	
	Hono Hearm Services, Inc	
(Corporation Name)	(Document #)	
2.	(Document #)	
(Corporation Name)	(Dodumant #)	
3. (Corporation Name)	(Document #)	
<b>a</b>	Section 1	
(Corporation Name)	(Document #)	
- Walk in Pick up time	Certified Copy	
Mail out Will wait	Photocopy Certificate of Status	
NEW FILINGS	AMENDMENTS	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/ Director	
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Метдет	
· ·		
OTHER FILINGS	REGISTRATION/	
[17] [17] [17] [17] [17] [17] [17] [17]		

QUALIFICATION

Limited Partnership

Reinstatement

Trademark

Other

Foreign

Annual Report

Fictitious Name

Name Reservation

# ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

TENDER LOVING CARE HOME HEALTH SERVICES, INC.

# FILED

2007 OCT 18 P 12: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4715 N.W. 157 STREET **SUITE 115** MIAMI, FL 33014

## 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):

**DAYSI MARTINEZ - PRESIDENT** 4715 N.W. 157 STREET **SUITE 115** MIAMI, FL 33014

### ARTICLE VI REGISTERED AGENT

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

**DAYSI MARTINEZ** 4715 N.W. 157 STREET **SUITE 115** MIAMI, FL 33014

### <u>ARTICLE VII</u> INCORPORATOR

The name and address of the Incorporator is:

**DAYSI MARTINEZ** 4715 N.W. 157 STREET **SUITE 115** MIAMI, FL 33014

Having been named as registered agent to accept service of process for the	
certificate, I am familiar with and accept the appointment as registered agen	t and agree to act in this capacity
()	
	10-17-2007
Signature/Registered Agent	Date
- Cu XV	10-17-2007
Signature/Incorporator	Date