PAGE 01 Page Lot 1

## 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.

(((H07000287999 3)))



H070002878993ABC

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

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BERRIZ & GIRALDO P.A.

Account Number : I19990000017 Phone : (305)465-9300

Fax Number : (305)485-1098

this corporation will start operating on January 151, 200

# FLORIDA PROFIT/NON PROFIT CORPORATION

## UNITED NURSING HOME HEALTH, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

Branks Con Carlos St. ARTICLES OF CORPORATION

OF

## UNITED NURSING HOME HEALTH, INC.

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:

### UNITED NURSING HOME HEALTH, INC.

#### 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:

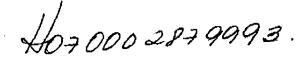
- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers: To have perpetual succession by its corporate

name:

UNITED NURSING HOME HEALTH. INC.

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

000 287 9993.



**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:

FELIX N. RAPOSO 1030 E 4 AVE HIALEAH, FL. 33010

The principal office shall be:

1030 E 4 AVE HIALEAH, FL. 33010

H07000 287 999 3.

Ho7000 287 9993

**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:

FELIX N. RAPOSO 1030 E 4 AVE HIALEAH, FL. 33010 PRESIDENT

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

FELIX N. RAPOSO 1030 E 4 AVE HIALEAH, FL. 33010

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this NOVEMBER 27, 2007.

FELIX N. RAPOSO

ARTICLE VII

THIS CORPORATION WILL START OPERATING ON JANUARY 1<sup>ST</sup>, 2008.

H070002879993.

H07000 2879993.

## 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:

## UNITED NURSING HOME HEALTH, INC.

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

FELIX N. RAPOSO 1030 E 4 AVE HIALEAH, FL. 33010

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: NOVEMBER 27, 2007.

Lo-> 000 287 9993.