# Florida Department of State

Division of Corporations Public Access System

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# FLORIDA PROFIT/NON PROFIT CORPORATION

HELPING HANDS HOME HEALTH CARE SERVICES, INC.

Certificate of Status	0
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CERTIFICATE OF INCORPORATION

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OF
HELPING HANDS HOME HEALTH CARE SERVICES, INC SECRETARY OF STATE
HELPING HANDS HOME HEALTH CARE SERVICES, INC SECRETARY OF STATE

The undersigned incorporators to these Articles of Incorporation hereby associate themselves together to form a corporation under the laws of the State of Florida.

#### <u>ARTICLE I</u>

#### NAME

The name of this corporation is HELPING HANDS HOME HEALTH CARE SERVICES, INC.,

# ARTICLE II GENERAL NATURE OF BUSINESS

The corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

# ARTICLE III CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having a nominal or par value of One (\$1.00) Dollar per share. All said shares shall be payable in cash, property, labor or services at a valuation to be fixed by the Board of Directors at a meeting called for that purpose. Property, labor or services may be purchased or paid for with capital stock at a just valuation to be fixed by the Board of Directors.

#### **ARTICLE IV**

### INITIAL CAPTIAL

The amount of capital with which this corporation will begin business is not less than \$100.

#### ARTICLE V

#### TERM OF EXISTENCE

This corporation is to exist perpetually.

#### ARTICLE VI

#### **ADDRESS**

The initial office address of the principal office of this corporation in the State of Florida 8009 S.W. 36 Street Suite 213 Doral, Florida 33166 is Board of Directors may from time to time move the principal office to another address in Florida.

#### ARTICLE VII

## **DIRECTORS**

This corporation shall have not less than one director, however, the number of directors may be increased or diminished from time to time by By-laws adopted by the stackholders, but shall never be less than one.

#### **ARTICLE VIII**

#### INITIAL DIRECTORS

The name and post office address of the first Board of Directors is:

Nome

Address

Natalie Franco

1410 S.W. 149<sup>th</sup> Avenue Miami, Florida 33194

Milagros Y. Montesino 581

581 E. 54th Street

Hialeah, Florida 33013

#### ARTICLE IX

The name and mailing address of the incorporator of these articles of incorporation is Natalie Franco 1410 S.W. 149<sup>th</sup> Avenue, Florida 33194

# ARTICLE X

These articles of incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the Stockholders, and approved at a stockholders' meeting by two thirds of the stock entitled to vote thereon, unless all the directors and all the stockholders sign a written statement manifesting their intention that a certain amendment of these articles of Incorporation made.

#### **ARTICLE XI**

#### REGISTERED OFFICE AND REGISTERED AGENT

HELPING HANDS HOME HEALTH CARE SERVICES, Inc., desiring to be organized under the Laws of the State of Florida, with its principal office as Indicated in the Articles of Incorporation at the County of Miami-Dade, State of Florida, hereby designates Natalle Franco as its Registered Agent, to accept services within the State. The registered office of the corporation shall be 8009 N.W. 36<sup>TH</sup> Street Suite 213 Doral Florida 33166

WITNESS the hand and seal of the incorporators in Miami-Dade County, State of Florida, this **Uth** day of **Finany**, 2008

Notalie Franco

STATE OF FLORIDA )

SS:

COUNTY OF MIAMI- DADE )

PERSONALLY appeared before me, Natalie Franco to me well known to be the subscriber to the foregoing Articles of HELPING HANDS HOME HEALTH CARE SERVICES, Inc., who being by me first duly sworn, acknowledges that he signed the same for the purposes therein expressed.

WITNESS my hand and seal at Miami, Dade County, Florida this 14th day of

MY COMMUNICATION A DESTRUCTION AT EXPINES! August 12, 2010 A T Bross Throspony Public Underwater

IBLIC, STAVE OF FLORIDA

My commission expires:

08 FEB 14 AM 10: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

In compliance with Section 48.09!, Florida Statutes, the following is submitted:

FIRST: HELPING HANDS HOME HEALTH CARE SERVICES, INC, desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at 8009 N.W. 36<sup>th</sup> STREET Suite 213, Doral Florida 33166, State of Florida, has named as its Agent to accept service of process within Florida.

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

TANDA ILIL TRATACO

Doie: February 14,208