

P08000023441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

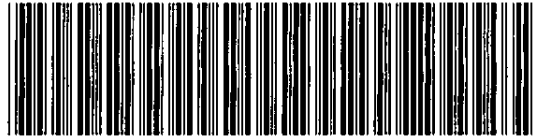
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

[Handwritten Signature]
3/5



800119024108

03/03/08--01028--009 **87.50

FILED
08 MAR -3 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: LIDIA'S HOME CARE, INC.

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

- \$70.00 Filing Fee
 \$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

FROM: LIDIA OTONOGA
4472 CHARTER POINT BLVD.
JACKSONVILLE, FL 32277
1-904-566-2892
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

FILED
08 MAR -3 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF
LIDIA'S HOME CARE, INC.**

The undersigned subscriber to these Articles of Incorporation is a natural person competent to contract and hereby form a Corporation for profit under Chapter 607 and/or 621 of the Florida Statutes.

ARTICLE 1 – NAME

The name of the Corporation is LIDIA'S HOME CARE, INC. (hereinafter, "Corporation").

ARTICLE 2 – PURPOSE OF CORPORATION

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

ARTICLE 3 – PRINCIPAL OFFICE

The address of the principal office of this Corporation is 4472 Charter Point Blvd., Jacksonville. FL 32277 and the mailing address is 4472 Charter Point Blvd., Jacksonville. FL 32277.

ARTICLE 4 – SHARES

The number of shares of stock is: 1,000 (One Thousand).

ARTICLE 5 – INCORPORATOR

The name and address of the Incorporator is:

LIDIA OTONOGA
4472 Charter Point Blvd.
Jacksonville, FL 32277

