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CORPORATION NAME(S) & DOC	UMENT NUMBER(S), (if known):
1. CARY HOME (Corporation Name)	HEALTH SERVICES INC.
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document #)
4(Corporation Name)	(Document #)
Walk in Pick up time Mail out Will wait	Photocopy
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other
•	Evaminar's Initials

ARTICLES OF INCORPORATION

TOP APR 3 A & 41 The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

The name of the corporation shall be:

CARY HOME HEALTH SERVICES INC.

<u>ARTICLE II - PRINCIPAL OFFICE</u>

The principal place of business and mailing of this corporation shall be:

5431 WEST 5th LANE MIALEAH, FLORIDA 33012.

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

<u>ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and address of the initial registered agent is:

MITZI NATES 5431 W. 5th (ANE MIALRAH, FLORIDA 330/2

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of

Incorporation is: MITZI NATES 5431 W. 5th (ANE HIALEAH, FLORIDA 33012
The undersigned incorporator has executed these Articles of Incorporation this // day of MACH 2008 Signature
ARTICLE VI- DIRECTOR(S)
The name(s) and street address (es) of the director(s) to these Articles of
Incorporation is (are): MITTI NATES 5431 W. 3th LANE HIALEAH, FLORIDA 3301

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature