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.

(((H080001257013)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this 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) 485-9300

Fax Number : (305)485-1098

# FLORIDA PROFIT/NON PROFIT CORPORATION HEALTH, INC.

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

ARTICLES OF CORPORATION

OF

# TOUCHING LIVES HOME HEALTH, INC.

THE UNDERSIGNED, has executed the following document as incorporator 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 !

The name of this corporation shall be:

## TOUCHING LIVES 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:

TOUCHING LIVES HOME HEALTH, INC.

CLARA GIRALDO P.A. 4080 SW 84 AVE SUITE C MIAMI, FL 33155 (305) 485-9300 Hol 000 1257013.

n8000 125 7013.

#### ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 1000 shares, having an individual par value of \$0.50

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:

MARIA MITIDIERI

330 SW 27 Ave 5ke 303 Miami, Ft. 33135.

The principal office shall be:

330 SW 27 Ave Ste 303

Miami, Fh. 33135 Ho8 000 125-7013.

ARTICLE VI

The initial Board of Directors shall consist of a total of TWO(02) person, and the name and address of the person who is to serve as an initial director is:

MARIA MITIDIERI 33050 27 Ave Sk 303. Afiami, FL 33135.

PRESIDENT

GINA RIVERA 330 SW 27 AVE Ste 303

fiami, FL. 33135

VICEPRESIDENT

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

MARIA MITIDIERI 330 SW 27 AVE 54 303.

Migmi, Th. 83135.

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this MAY 06,2008

leden

08 HAY -9 PM 12: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# 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:

### TOUCHING LIVES HOME HEALTH, INC.

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

MARIA MITIDIERI 330 SW27-AVE 54303. MIAMI, FL. 33135.

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

Nated MAY OR 2008

H08000125-7013