

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone

(305) 552-5973

Fax Number : (305)220-1440

FLORIDA PROFIT/NON PROFIT CORPORATION

JERIH HOME HEALTH CARE, INC

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

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Corporate Filing Menu

FROM : LAZARUS

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May. 30 2008 OF: DEPM P2
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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08 MAY 30 AM 11:36

ARTICLES OF INCORPORATION

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.

ARTICLE I - NAME

THE NAME OF THE CORPORATION SHALL BE:

JERIN Home Health Care, Inc.

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

JOY 60

ARTICLE III - SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

12460 FRADO 12460 SW 4657 111AMI FLEDDID FAX NO. :3052201440

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SECRETARY OF STATE
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ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF T	RATOR TO THESE
Rolando Frado	
2460 SW 46 ST	

ARTICLE VI - DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

Rolando Frado - Fresidente

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED

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

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