

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : ARES & COMPANY, C.P.A., P.A.
Account Number : 120000000268
Phone : (305)229-8256
Fax Number : (305)229-8252

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DIVISION OF CORPORATION

FLORIDA PROFIT/NON PROFIT CORPORATION

LONGEVITY HOME HEALTH SERVICES, INC.

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TALLAHASSEE, FLORIDA

6/26/08

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ARTICLES OF INCORPORATION
OF
**LONGEVITY HOME HEALTH SERVICES,
INC.**

THE UNDERSIGNED has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

**LONGEVITY HOME HEALTH SERVICES,
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 purpose proposed to be transacted and carried on by this corporation are to do any and all of the things, as fully and to the same extent as natural persons might do, viz:

PREPARED BY: ARES & COMPANY, C.P.A., P.A.
3636 SW 87TH AVE.
MIAMI, FL. 33165
PH: (305) 229-8256
FAX: (305) 229-8252

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Transact any and all lawful business.

- (1) Said corporation shall further have powers:
To have perpetual succession by its corporate name,

**LONGEVITY HOME HEALTH SERVICES,
INC.**

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is
the total sum of 100 shares, having an individual par value of US\$10.00.

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 name and street address of the initial Registered Agent of this corporation shall
be:

CHARLES G. TOUSSANT
3800 INVERRARY BLVD.
SUITE 101N
LAUDERHILL, FL. 33319

The principal office and mailing address shall be:

3800 INVERRARY BLVD.
SUITE 101N
LAUDERHILL, FL. 33319

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ARTICLE VI

The initial Board of Directors and Shareholders shall be composed by two (2) persons, whose names and addresses are:

CHARLES G. TOUSSAINT - PRESIDENT - 50% SHAREHOLDER
2050 NW 185TH WAY
PEMBROKE PINES, FL. 33029

PASCALE JOSEPH - VICE-PRESIDENT - 50% SHAREHOLDER
2050 NW 185TH WAY
PEMBROKE PINES, FL. 33029

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

CHARLES G. TOUSSAINT
3800 INVERRARY BLVD. - SUITE 101N
LAUDERHILL, FL. 33319

IN WITNESS WHEREOF, the undersigned incorporators/officers have executed these Articles of Incorporation this 25TH day of June, 2008.


CHARLES G. TOUSSAINT
PRESIDENT


PASCALE JOSEPH
VICE-PRESIDENT

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**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 law 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:

**LONGEVITY HOME HEALTH SERVICES,
INC.**

2. The name and address of the Registered Agent and office is:

**CHARLES G. TOUSSAINT
3800 INVERRARY BLVD. - STE. 101N
LAUDERHILL, FL. 33319**

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: _____

Charles G. Toussaint
CHARLES G. TOUSSAINT

DATE: _____

06/25/08

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