

## Florida Department of State

**Division of Corporations** Public Access System

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## FLORIDA PROFIT/NON PROFIT CORPORATION

#### HOME THERAPY SERVICES PROVIDER INC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
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#### **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:

Home Therapy Services Provider INC

ARTICLE II - PRINCIPAL OFFICE

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

14764 SW 70 TERRA MIAMI FLA 33193

#### <u> ARTICLE III - SHARES</u>

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

ALEUS LLOPIZ
14764 SW 70 TERRA MIAMI FL
33193

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#### ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE **ARTICLES OF INCORPORATION IS:** 

HIAM: FL ALEXIS LLOPIZ 14764 SW 70 TERRA 33193

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS DAY OF 200 8

<u>ARTICLE VI - DIRECTOR(S)</u>

--SIGNATURE

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

ALEUIS HOPIZ - (PRESIDENT)

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 POSITIONS AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE

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