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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 : XIOMARA LEE, P.A.
Account Number : I20040000008
Phone : (305) 262-2323
Fax Number : (305) 262-2324

RECEIVED
08 JUL 28 PM 3:48
DIVISION OF CORPORATION

FLORIDA PROFIT/NON PROFIT CORPORATION

! HOSANNA ! HOME HEALTH COORDINATOR INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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Corporate Filing Menu

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

I HOSANNA ! HOME HEALTH COORDINATOR INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10200 HAITIAN DRIVE, MIAMI ,FLA 33189

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HOME HEALTH COORDINATOR

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

NOIDA R. GUERRA, PRESIDENT

10200 HAITIAN DRIVE , MIAMI , FLORIDA 33189

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

NOIDA R. GUERRA REGISTERED AGENT

10200 HAITIAN DRIVE, MIAMI, FL 33189

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

NOIDA R GUERRA , INCORPORATOR

10200 HAITIAN DRIVE , MIAMI, FL 33189

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

X N. Guerra
Signature/Registered Agent

07-26-08
Date

X N. Guerra
Signature/Incorporator

07-26-08
Date

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