

P088000090255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

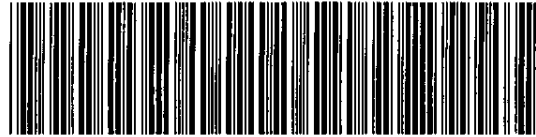
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2008 OCT -2 P 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

80-5-01
200

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: PACHECO HOME HEALTH INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: NELSON LARA
Name (Printed or typed)

4361 SW 155 CT
Address

MIAMI, FL 33185
City, State & Zip

786-385-3402
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

PACHECO HOME HEALTH INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

6265 SW 129th PL # 2306
MIAMI, FL 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide at home health care services.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SIGFREDO PACHECO, PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

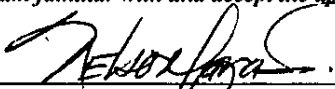
NELSON LARA
4361 SW 155 CT
MIAMI, FL 33185

ARTICLE VII INCORPORATOR

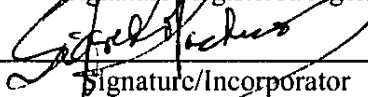
The name and address of the Incorporator is:

SIGFREDO PACHECO
6265 SW 129TH PL # 2306
MIAMI, FL 33183

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



Signature/Registered Agent



Signature/Incorporator

9/26/08

Date

9/26/08

Date