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CORPORATE FILING SERVICE

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MIAMI, FL 33165 (305) 552-5973

	Office Use Only
ORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if known):
MILAGROSA H (Corporation Name)	HOME HEALTH CORP. (Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
Walk in Pick up time Mail out Will wait	2.00□ Photocopy□ Certified Copy□ Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
	☐ Foreign

Examiner's Initials

CR2E031(7/97)

ARTICLES OF INCORPORATION

08 OCT 13 PH 12: 42

The undersigned Incorporator(s), for the purpose of forming a corporation under RY 0F STATE the Florida Business Corporation Act, hereby adopt(s) the following Articles of SEE, F(0R)DF Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

Milagrosa Home Health Corp.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

15413 SW 12 terra Miami FL 33194.

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV – INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Milagros Carrazana 15413 SW 12 Terra Miami FL 33194.

ARTICLE V - INCORPORATOR

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

Milagros Carrazana 154135W 12 Terra Miami, FL 33194

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES
OF INCORPORATION THIS

10 DAY OF October, 2008

SIGNATURE

ARTICLE VI - DIRECTOR(S)

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

Milagros Carrazana. (President)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED

OFFICE

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