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CORPORATE FILING SERVICE 3320 SW 87<sup>TH</sup> AVENUE MIAMI, FL 33165 305-552-5973

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**Examiner's Initials** 

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 2:00 PM Certified Copy Walk in ☐ Will wait Photocopy Certificate of Status Mail out NEW FILINGS **AMENDMENTS** Profit Amendment Resignation of R.A., Officer/Director Not for Profit Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Other Merger REGISTRATION/QUALIFICATION **OTHER FILINGS** Annual Report Foreign Limited Partnership Fictitious Name Reinstatement Trademark Other

#### **ARTICLES OF INCORPORATION**

FILED

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF
FORMING A SECRETARY OF STATE
CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION SEE FLORIDA
ACT, HEREBY
ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

#### **ARTICLE I - NAME**

THE NAME OF THE CORPORATION SHALL BE:

A & y Home Health Pool, comp.

#### **ARTICLE II - PRINCIPAL OFFICE**

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

1840 w 49 of suite 702. Healeah Florica 33012

### **ARTICLE III - SHARES**

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

Adelina Oliva -> 225 ow 120 Aug Miami FL 33184

# en en

· · · · · · · · · · · · · · · · · · ·	ARTICLE V - INCORPOR	<u>ATOR</u>		
AR	ET ADDRESS OF THE II	NCORPORATOR TO	·	
Adelina	Oliva.		SECRETARY OF STATE TALL'ARASSEE. FLORIC	
Yilism	Almins.	Miami	1 120 Ave FC 33184	
THE UNDERSIGNED IN	NCORPORATOR HAS EX			
	OF INCORPORATION TO DAY OF	THIS	, <del></del>	
• •	Jeles C	)		
	SIGNATURE			
	•			
,	ARTICLE VI - DIRECTO	PR(S)		
THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):  Adelina Oliva = Precidenta  Vilian almina = Vice precidenta				
Adelina	Oliva -	Precident		
Yilian	almino =	Vicepreció	den ta	

#### **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**