

PO9000004976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

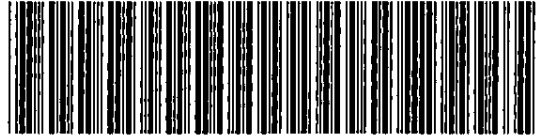
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EP 1/16/09

## COVER LETTER

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

**SUBJECT:** Mega Home Health Care, 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  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Florangel Lorenzo  
Name (Printed or typed)

9420 SW 11 st  
Address

Miami Florida 33174  
City, State & Zip

(305) 815-8773  
Daytime Telephone number

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

## 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:

Mega Home Health Care, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

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

6741 Coral Way Suite 38  
Miami Florida 33155

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Profit Corporation

### **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):

Florangel Lorenzo  
9420 SW 11 St.  
Miami Florida 33174  
Owner and President

### **ARTICLE VI REGISTERED AGENT**

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

Florangel Lorenzo  
9420 SW 11 St.  
Miami Florida 33174

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Florangel Lorenzo  
9420 SW 11 St.  
Miami Florida 33174

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*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

01-06-09  
\_\_\_\_\_  
Date

01-06-09  
\_\_\_\_\_  
Date