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CORPORATE FILING SERVICE

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MIAMI, FL 33165 (305) 552-5973

, ,		
CORPORATION NAME(S) & DOC	Office Use Only	
CORTORATION NAME(S) & DOC	CUMENT NUMBER(S), (II KIIOWII):	
. C&M Family	Home HealthCATE Corp	
(Corporation Name)	(Document #)	
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(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
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Not for Profit Limited Liability	Amendment Resignation of R.A., Officer/Directors Change of Registered Agent	U
Domestication	Dissolution/Withdrawal	
Other	☐ Merger	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report	☐ Foreign	
Fictitious Name	Limited Partnership	
	Reinstatement Trademark	
	Other	

Examiner's Initials

ARTICLES OF INCORPORATION

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

ARTICLE I - NAME

THE NAME OF THE CORPORATION SHALL BE:

C&M Family Home Healthcare

ARTICLE II - PRINCIPAL OFFICE

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

> 21418 SW 89 Path Miam, Fl. 33189

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

Chantal Fuentes 21418 Sw 89 Path Miami, Fl. 33189

ARTICLE V - INCORPORATOR

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

Chantal FUENTES 21418 SW 89 Path Miami, Fl. 33189

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES
OF INCORPORATION THIS

DAY OF

_, 200⁹

DAY OF

SIGNATURE

ARTICLE VI - DIRECTOR(S)

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

ChanTAL

FUENTES, President

SECRETARY OF STATE

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED

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