

Florida Department of State

Division of Corporations Public Access System

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Account Number : 120000000019 Phone : (305)552-5973 : (305)220-1440 Fax Number

FLORIDA PROFIT/NON PROFIT CORPORATION

PEREZ HOME HEALTH SERVICES CORP.

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Corporate Filing Menu

FROM : LAZARUS

FAX NO. :3052201440

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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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:

Perez Home Health SERVICES Corp.

ARTICLE II - PRINCIPAL OFFICE

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

Principal - 13673 SW 26 ST Miami FL 33175

Mailing- 13910 Sw 3987 Miami FL 33175

ARTICLE III - SHARES

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

100

<u>ARTICLES IV – INITIAL REGISTERED AGENT AND STREET</u> ADDRESS

The name and address of the initial registered agent is:

LEONEL PEREZ . 13673 SW 26 ST Miami FL 33175

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FROM : LAZARUS

FAX NO. :3052201440

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATOR

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

LEONEL PEREZ 13673 SW 26 ST

Miami FL 33175

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES

24 OF INCORPORATION THIS
DAY OF JUNE

200 4

SIGNATURE/

ARTICLE VI - DIRECTOR(S)

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

LEONEL. PEREZ (President)

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

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