

P09 000068934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

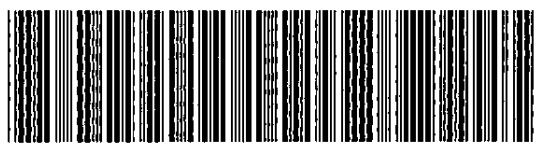
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARIAT OF STATE  
TALLAHASSEE, FLORIDA

B McKnight AUG 17 2009

**COVER LETTER**

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

**SUBJECT:** HOME HEALTH SALES AND MARKETING UNIVERSITY, 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: FRANK DIPACE  
Name (Printed or typed)

474 LAKEWOOD DRIVE  
Address

WINTER PARK, FLORIDA 32789  
City, State & Zip

310-902-1166  
Daytime Telephone number

FDiPace@aol.com  
E-mail address: (to be used for future annual report notification)

**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: **HOME HEALTH SALES AND  
MARKETING UNIVERSITY, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:  
474 LAKEWOOD DRIVE, WINTER PARK, FL 32789

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:  
8

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):  
NONE

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
FRANK DIPACE  
474 LAKEWOOD DRIVE  
WINTER PARK, FLORIDA 32789

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
FRANK DIPACE  
474 LAKEWOOD DRIVE  
WINTER PARK, FLORIDA 32789

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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*

Frank Dipace  
Signature/Registered Agent

8/4/2009  
Date

Frank Dipace  
Signature/Incorporator

8/4/2009  
Date

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CLERK OF STATE  
TALLAHASSEE, FLORIDA