## P10000001284

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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## **COVER LETTER**

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

& Certificate of Status & Certified Copy Certified C	SUBJECT: PINES	HOME HEALTH AGENCY, INC (PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Filing Fee & Certificate of Status  Filing Fee & Certified Copy Certified Copy Certified Copy Status  ADDITIONAL COPY REQUIR  FROM:  Jennifer Genus Name (Printed or typed)  6067 Hollywood Blvd., Suite #300b Address  Hollywood, Florida, 33024 City, State & Zip  954-367-6733 Daytime Telephone number  igenus@comcast.net	Enclosed are an orig	rinal and one (1) copy of the art	ticles of incorporation and	l a check for:
FROM:    Jennifer Genus     Name (Printed or typed)     6067 Hollywood Blvd., Suite #300b     Address     Hollywood, Florida, 33024     City, State & Zip     954-367-6733     Daytime Telephone number     igenus@comcast.net		Filing Fee	Filing Fee	Filing Fee, Certified Copy & Certificate of
Name (Printed or typed)  6067 Hollywood Blvd., Suite #300b Address  Hollywood, Florida, 33024 City, State & Zip  954-367-6733 Daytime Telephone number  igenus@comcast.net			ADDITIONAL CO	PY REQUIRED
Hollywood, Florida, 33024 City, State & Zip  954-367-6733 Daytime Telephone number  jgenus@comcast.net	FROM:			
Hollywood, Florida, 33024 City, State & Zip  954-367-6733 Daytime Telephone number  jgenus@comcast.net	<del></del>			
City, State & Zip  954-367-6733  Daytime Telephone number  jgenus@comcast.net				
Daytime Telephone number  jgenus@comcast.net				<del></del>
jgenus@comcast.net	<u> </u>			
	,	Daytime	reiepnone number	
		igenus@com	cast.net	
( (				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: Pints Home Shall Agency, Inc.	
The principal street address and mailing address, if different is:  6067 Hollywood Blod of Sunk 3006  Hollywood Blod of Sunk 3006  ARTICLE III PURPOSE  The purpose for which the corporation is organized is: 10 nwh and Home health Affray to provide Skilled Sel To purchase & own seal property & conduct le ARTICLE IV SHARES the business charter.  The number of shares of stock is:	nd offerste a wies to the public. egal business consistent
List name(s), address(es) and specific title(s):  Jennifer Genw-Director  Wayne Rose - Director  Approximate Rose - Director	hwood Blvd., Smik 3nd 1, H 33024
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the reg	
Jennifer Genus 6067 Hollywood Blvd., Suite 3005 Hollywood, H. 33024 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Jennifer Genus 6067 Hollywood Blvd., Suite 3006. Hollywood, H. 33024	FILED  10 JAN -6 PN 12: 1  SECRETARY OF STATE  FALL/MIASSEE, FLORES
Having been named as registered agent to accept service of process for the place designated in this certificate, I am familiar with and accept the appagree to act in this capacity	
Menus	01/05/2010
Signature/Registered Agent	Date
Menus	01/05/2010
Signature/Incorporator	Date