

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : ARES & COMPANY, C.P.A., P.A.
Account Number : I20000000268
Phone : (305) 229-8256
Fax Number : (305) 229-8252

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: lesares@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
CARES HOME HEALTHCARE CORP.**

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ARTICLES OF INCORPORATION
OF
CARES HOME HEALTHCARE CORP.

THE UNDERSIGNED has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

CARES HOME HEALTHCARE CORP.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purpose proposed to be transacted and carried on by this corporation are to do any and all things, as fully and to the same extent as natural persons might do, viz:

PREPARED BY: ARES & COMPANY, C.P.A., P.A.
3636 SW 87TH AVE.
MIAMI, FL 331165
PH: 305-229-8256
FAX: 305-229-8252

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Transact any and all lawful business.

- (1) Said corporation shall further have powers:
To have perpetual succession by its corporate name,

CARES HOME HEALTHCARE CORP.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is
the total sum of 100 shares, having an individual par value of US\$10.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there
shall be only one (1) class of stock of this corporation.

ARTICLE V

The name and street address of the initial Registered Agent of this corporation shall
be:

LESTER L. ARES
10008 PARK PLACE AVE.
RIVERVIEW, FL. 33578

The business principal office and mailing address shall be:

10008 PARK PLACE AVE.
RIVERVIEW, FL. 33578

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ARTICLE VI

The initial Board of Directors and Shareholders shall be composed by ONE (1) person, whose name and address is:

LESTER L. ARES - PRESIDENT - 100% SHAREHOLDER
10008 PARK PLACE AVE.
RIVERVIEW, FL. 33578

The name and address of the incorporator executing these Articles of Incorporation is:

LESTER L. ARES
10008 PARK PLACE AVE.
RIVERVIEW, FL. 33578

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 19TH day of January, 2010.


LESTER L. ARES
INCORPORATOR/PRESIDENT

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**DESIGNATION CERTIFICATE
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the law of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the Corporation is:

CARES HOME HEALTHCARE CORP.

2. The name and address of the Registered Agent and office is:

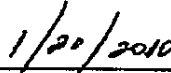
**LESTER L. ARES
10008 PARK PLACE AVE.
RIVERVIEW, FL. 33578**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE: _____


LESTER L. ARES

DATE: _____



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