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SECRETARY OF STATE
AND SEEF FIRE IN PARTY OF STATE

AUG 12 2010 D. A. WHITE

COVER LETTER

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

SUBJECT: A & M Q	uality Home Healthcare Services	s, Inc.	
 		TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles 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 Fec, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: <u>Aja</u>		e (Printed or typed)	
712	1 Northwest 46 Street		
		Address	
Lau	derhill, FL 33319	State 0 7:	
	City.	, State & Zip	
<u>305</u>	-283-0618		
	Daytime 1	Telephone number	

gerfajara@aol.com

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)



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:

A & M Quality Home Healthcare Services, Inc.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 7121 Northwest 46 Street, Lauderhill, FL 33319

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: Home Healthcare Agency

ARTICLE IV SHARES

The number of shares of stock is: 1.000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Ajara Aku, 7121

Mabel Onoh, 240

Northwest 46 Street, Northwest 151 Ave., Pembroke Pines. FL 33028

Lauderhill, FL 33319 Director

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:

7121 Northwest 46 Street

Lauderhill, FL 33319

INCORPORATOR ARTICLE VII

The <u>name and address</u> of the Incorporator is:

Ajara Aku

7121 Northwest 46 Street

Lauderhill, FL 33319

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

re/Registered Agent

ature/Incorporator

Date