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(Requestor's Name)				
(Address)				
(Ac	ldress)			
(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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SECRETARY OF SIME

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COVER LETTER

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

SUBJECT: SUNN	THOME HEALTH AGENCY, INC	j.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l 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:	Name	MA CABRERA e (Printed or typed)	
		GROVE ROAD Address	
	BRO	OKSVILLE, FL 34613 State & Zip	
	·) 952-0052 elephone number	-
 -		willie@gmail.com	octification)

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:

SUNNY HOME HEALTH AGENCY, INC.

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SECRETARY OF STATE OF STATE

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

104 WHITAKER ROAD

LUTZ, FLORIDA 33549

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROVIDE HOME HEALTH CARE SERVICES

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):

NORMA

CABRERA

PRESIDENT

ARTICLE VI REGISTERED AGENT

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

NORMA CABRERA

7446 GROVE ROAD

BROOKSVILLE, FL 34613

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

NORMA CABRERA

7446 GROVE ROAD

BROOKSVILLE, FL 34613

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

Signature/Registered Agenta

Signature/Incorporator

AUGUST 26, 2010

Date

AUGUST 26, 2010

Date