

P10000081767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

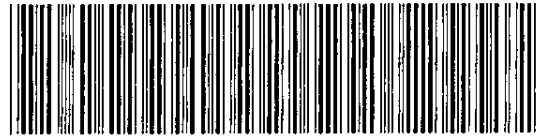
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/06/10--01010--015 **78.75

RECEIVED
10 OCT -6 AM 10:54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10 OCT -6 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATTORNEY
AND
FILED

Ps 10/7/10

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. FLORIDA HOME HEALTH OPTIONS,
(Corporation Name) (Document #)
2. CONF
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2.00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

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: **FLORIDA HOME HEALTH OPTIONS, CORP**

ARTICLE II PRINCIPAL OFFICE

Principal street address
6878 WEST FLAGLER STREET
MIAMI
FL 33144

Mailing address, if different is:
6878 WEST FLAGLER ST
MIAMI
FL 33144

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: **100 SHARES @ 1.00 PER VALUE**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **PRESIDENT JOSE E BOSCH**
Address: **6878 WEST FLAGLER ST**
MIAMI
FL 33144

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: **JOSE E BOSCH**
Address: **6878 WEST FLAGLER ST**
MIAMI FL 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **JOSE E BOSCH**
Address: **6878 WEST FLAGLER ST**
MIAMI FL 33144

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.

Required Signature/Registered Agent

OCTOBER 04, 2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

OCTOBER 04, 2010

Date

10 OCT -6 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA