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

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

AMND
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. COPY (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

AMENDMENTS

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

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

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

Examiner's Initials

CR2E031(7/97)

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 FLAGELR ST
MIAMI
FL 33144

Name and Title:
Address:

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

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TALLAHASSEE FLORIDA

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.

X _____ OCTOBER 04, 2010
Required Signature/Registered Agent — 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.

X _____ OCTOBER 04, 2010
Required Signature/Incorporator — Date