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TALLAHASSEE, FLORIDA

T. Burch DEC 07 2010

COVER LETTER

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

SUBJECT: AGAPE HOME HEALTH and COMPANION, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles 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 Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: SUZEE FANFAN
Name (Printed or typed)

16339 SW 26 Street
Address

Miami, FL 33027
City, State & Zip

305-528-2942
Daytime Telephone number

SUZEEFAN23@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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:

AGAPE Home HEALTH AND

ARTICLE II PRINCIPAL OFFICE

Principal street address

16339 SW 26 Street
MIRAMAR, FL 33027

Mailing address, if different is:

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Providing Home Health Services AND
COMPANION

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SUZIE FANFAN

Address: PRESIDENT

16339 SW 26 Street
MIRAMAR, FL 33027

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: SUZIE FANFAN

Address: 16339 SW 26 Street
MIRAMAR, FL 33027

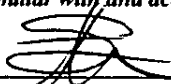
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SUZIE FANFAN

Address: 16339 SW 26 Street
MIRAMAR, FL 33027

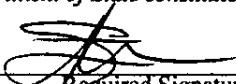
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

11/29/10
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

11/29/10
Date