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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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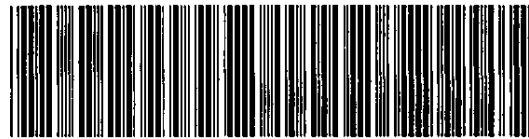
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 DEC -9 AM 9:30

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J. Shivers DEC 10 2010

W10-55763
601

COVER LETTER

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

SUBJECT: Roberts's Home Health Agency 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: Winsome Roberts
Name (Printed or typed)

3230 Thames Way

Address

MIRAMAR FL 33025

City, State & Zip

954-608 6467

Daytime Telephone number

RESH1 RESH2 C ATT. Net.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Robert's Home Health Agency Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3230 Thames Way
MIRAMAR, FL 33025-

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Winsome Roberts

Name and Title: Director

Address: 3230 Thames Way

Address:

MIRAMAR, FL 33025-

Name and Title: Larry Roberts SR.

Name and Title: President

Address: 3230 Thames Way

Address:

MIRAMAR, FL 33025-

Name and Title: Larry Roberts JR.

Name and Title: Administrator

Address: 3230 Thames Way

Address:

MIRAMAR, FL 33025-

ARTICLE VI REGISTERED AGENT

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

Name: Winsome Roberts

Address: 3230 Thames Way

MIRAMAR, FL 33025

ARTICLE VII INCORPORATOR

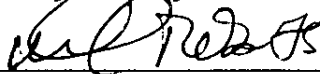
The name and address of the incorporator is:

Name: Winsome Roberts

Address: 3230 Thames Way

MIRAMAR, FL 33025

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

11/23/2010
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

11/23/2010
Date

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TALLAHASSEE, FLORIDA
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