

PI 0000101027

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(Business Entity Name)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

10 DEC 15 AM 11:32

RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 DEC 15 PM 3:50

FILED

T. Burch DEC 16 2010

# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

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

1. JIMENEZ HOME HEALTH CARE, Corp  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2.05

☒ 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

12-14-10

To whom it may concern:

Please be advised that the owners of the company JIMENEZ HOME HEALTH  
CARE, CORP. with the document number P06000007701 are the same as those  
who are opening this new company with the same name. Thank you.

x H. Gonzalez

Sincerely,

**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:

**JIMENEZ HOME HEALTH CARE, CORP**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**2530 SW 87 AVE**

**MIAMI FL 33165**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ANY AND ALL LAWFUL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **RAFAEL JIMENEZ P**

Address: **7160 SW 13 TER**

**MIAMI FL 33144**

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: **ILIANA MORALES VP**

Address: **7160 SW 13 TER**

**MIAMI FL 33144**

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: **ILIANA MORALES**

Address: **7160 SW 13 TER**

**MIAMI FL 33144**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **ILIANA MORALES**

Address: **7160 SW 13 TER**

**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*

*[Signature]*

Required Signature/Registered Agent

**12/14/2010**

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.*

*[Signature]*

Required Signature/Incorporator

**12/14/2010**

Date

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STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA