

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION AVANTI HOME HEALTH OF PALM BEACH CORP

Certificate of Status Certified Copy 1 Page Count 03 Estimated Charge \$78,75

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LAZARUS

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SECRETARY OF STATE **Tall**ahássee. Fl**orida**

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

<u>ARTICLE I – NAME</u>

The name of the corporation shall be:

AVANTI Home Health OF PALM Beach Corp

ARTICLE II – PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

5567 CAMED Drive north Boca RATOR FL 33433

ARTICLE III – SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

<u> ARTICLES IV - INITIAL REGISTERED AGENT AND STREET</u> **ADDRESS**

The name and address of the initial registered agent is:

JULIA CARDERO 5567 CAMED Drive north BOCO Rator FJ 33433

LAZARUS

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

<u>ARTICLE V - INCORPORATOR</u>

The name	and address of the	incorporator to	o these Article	s of Incorpo	ration is:	
Julia	and address of the	5567	CAMCE	Drive	nooth	
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Avelis Fev nandez 2212 Segovia Civele cond Gables The undersigned incorporator has executed these Articles of Incorporation this						
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	,		△			
		March	Va. Cers)		

ARTICLE VI- DIRECTOR (S)

Signature

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Julia CARDERD (President - 50%)

Avelis Fernandez (Williams Ident - 50%)

<u>CERTIFICATE OF DESIGNATION OF REGISTERED AGENT</u> <u>/REGISTERED OFFICE</u>

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

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