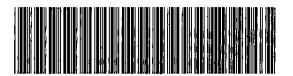
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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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(Document Number)				
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4/20/11

COVER LETTER

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

SUBJECT: Home Health Care Solutions of FI.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 \$78.75 \$87.50 \$78.75 Filing Fee ^JFiling Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Marie Judith Perry Name (Printed or typed) 553 Peace Dr Address Kissimmee, FI 34759 City, State & Zip

754-245-7768

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

judithp77@yahoo.com E-mail address: (to be used for future annual report notification) 2011 APR 19 PM 2:5

SECRETARY OF SIGHT



RECEIVED 11 APR 19 AM 11: 43

HARSION OF CORPORATIONS

April 6, 2011

MARIE JUDITH PERRY 553 PEACE DRIVE KISSIMMEE, FL 34759

SUBJECT: HOME HEALTH CARE SOLUTIONS OF FL. INC.

Ref. Number: W11000019465

We have received your document for HOME HEALTH CARE SOLUTIONS OF FL. INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 711A00008381

SCCRETARY OF CORPORATION OF CORPOR O

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

he:

ARTICLE I	NAME Home Health Ca	re Solutions of FL. Inc.	DIVISION OF CORPORATION
The name of the	corporation shall be:	ic Coldions of FE. Inc.	2011 APR 19 PM 2: 55
ARTICLE II	PRINCIPAL OFFICE		ZOTT MIN 13 THE E- OF
-	Principal street address		lress, if different is:
	553 Peace Dr		
	Kissimmee,Fl 34759		
ARTICLE III	PURPOSE		100 101 101
	which the corporation is organized is:		
To Provide	Homehealth services and staffing	ng services to patients in their	home.
ARTICLE IV	SHARES		
The number of sl	hares of stock is X		
	INITIAL OFFICERS AND/OR DIE		
	Title: Marie Judith Perry		
Address:	553 Peace Dr Kissimmee, Fl 34759		
	Alssimmee, Fi 34/39		
Name and	Title:	Name and Title:	
Address:		Address:	
		···	
	Title:	Name and Title:	
Address:			
ARTICI.E VI	REGISTERED AGENT		
	Torida street address (P.O. Box NOT acce	eptable) of the registered agent is:	
Name:	Marie Judith Perry		
Address:	553 Peace Dr		
	Kissimmee, FL34759		
	INCORPORATOR		
	ddress of the Incorporator is:		
Name: Address:	Marie Judith Perry		
Address:	553 Peace Dr Kissimmee, Fl 34759		
	Nissillinee, Fl 34739	=	
	med as registered agent to accept service y		
his certificate, I	am/familiar with and accept the appoints for	ent as registered agent and lagree to act	in this capacity
_	1/ Trais Sul	With Lew	02/25/2011
	/ (/WW) full	We The	03/25/2011
	Required Signature/Registered A	agent //	Date
submit this document to the	cument and affirm that the facts stared h Department of State constitutes a third deg	erein are true. Lam aware that the fa	lse information submitted in a
$\overline{\cap}$	The state of the s	I I I I I I I I I I I I I I I I I I I	- 1
P	WANGE -HINIK	to Hellet	03/25/2011
	Required Signature/Incorporation	tor //	Date
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