

P 11000074539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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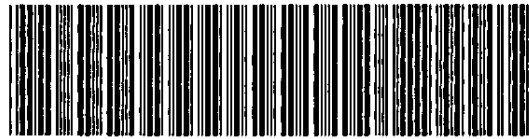
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 AUG 19 AM 10:51
STATE OF FLORIDA
TALLAHASSEE

J. Shivers AUG 22 2011

COVER LETTER

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

SUBJECT: PCAH Health Care 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: Frank Guerrieri

Name (Printed or typed)

354 N. E. 1st Ave.

Address

Delray Beach, FL 33444

City, State & Zip

561-455-2627

Daytime Telephone number

Frankg@preferhome.com

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

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

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TALLAHASSEE, FL 32314
SECRETARY OF STATE

ARTICLES OF INCORPORATION

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

ARTICLE I NAME **PCAH Health Care Inc.**

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
354 N. E. 1st Ave.
Delray Beach, FL 33444

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For profit home health care services.

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jody A. Guerrieri, President
Address: 10808 Avenida Santa Ana
Boca Raton, FL 33498

Name and Title: _____
Address: _____

Name and Title: Frank V. Guerrieri, Vice President
Address: 10808 Avenida Santa Ana
Boca Raton, FL 33498

Name and Title: _____
Address: _____

Name and Title: Frank V. Guerrieri, Secretary/Treasurer
Address: 10808 Avenida Santa Ana
Boca Raton, FL 33498

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

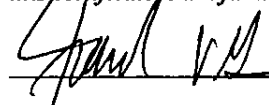
Name: Frank V. Guerrieri
Address: 354 N. E. 1st Ave.
Delray Beach, FL 33444

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Frank V. Guerrieri
Address: 354 N. E. 1st Avenue
Delray Beach, FL 33444

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

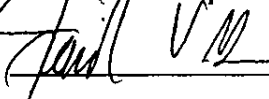


Required Signature/Registered Agent

8/16/2011

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

8/16/2011

Date

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TALLAHASSEE, FLORIDA