

P110000084451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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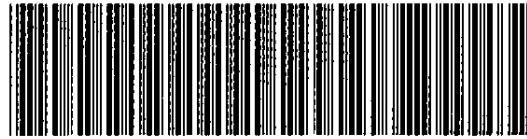
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 SEP 23 PM 4:34

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## COVER LETTER

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

SUBJECT: Mensch HomeHealth, 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: Audreya McLean

Name (Printed or typed)

P. O. Box 640950

Address

Miami, FL 33164

City, State & Zip

(954) 322-9898

Daytime Telephone number

audreya@ghscare.com

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

**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: Mensch HomeHealth, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
3325 Hollywood Blvd  
Suite 205  
Hollywood, FL 33021

Mailing address, if different is:

P.O. Box 640950  
Miami, FL 33164

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To transact any or all lawful business permitted under the laws of to State of Florida.

## ARTICLE IV SHARES

The number of shares of stock is: 100,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Audreya McLean, President  
Address: 3325 Hollywood Blvd  
Suite 205  
Hollywood, FL 33021

Name and Title: Joseph Nabaka, Vice President  
Address: 3325 Hollywood Blvd  
Suite 205  
Hollywood, FL 33021

Name and Title: Audreya McLean, Secretary  
Address: 3325 Hollywood Blvd  
Suite 205  
Hollywood, FL 33021

Name and Title: Audreya McLean, Treasurer  
Address: 3325 Hollywood Blvd  
Suite 205  
Hollywood, FL 33021

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: Audreya McLean, President  
Address: 3325 Hollywood Blvd, Suite 205  
Hollywood, FL 33021

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: Audreya McLean, President  
Address: 3325 Hollywood Blvd, Suite 205  
Hollywood, FL 33021

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

09/22/11  
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

09/22/11  
Date

11 SEP 23 PM 4:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

