

08/24/2029

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**P11000090019**

Florida Department of State  
Division of Corporations  
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SECRETARY OF STATE  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
INFINITY HOME HEALTH CARE INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA**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.

**ARTICLE I - NAME**

The name of the corporation shall be:

INFINITY Home HEALTH CARE  
INC

**ARTICLE II - PRINCIPAL OFFICE**

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

6780 SW 44<sup>TH</sup> ST  
MIAMI FL 33155 SUITE #10

**ARTICLE III - SHARES**

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

100

**ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

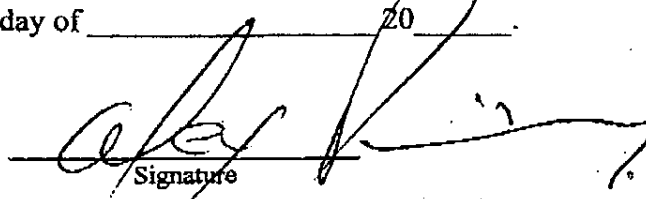
Alejandro Pinillos  
6780 SW 44<sup>TH</sup> ST SUITE #10  
MIAMI FL 33155

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**ARTICLE V - INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation is:

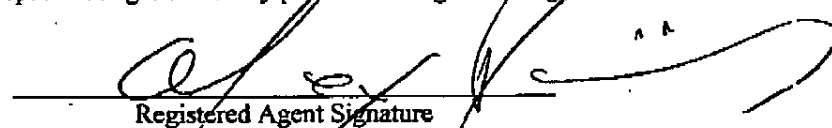
ALEJANDRO PINILLOS  
6780 SW 44 TH SUITE #10  
MIAMI FL 33155The undersigned incorporator has executed these Articles of Incorporation this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
SignatureSECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE VI - DIRECTOR (S)**The name(s) and street address (es) of the director(s) to these Articles of  
Incorporation is (are):President: Alejandro Pinillos  
Vice President: MAITE GARCIA**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT**  
**/REGISTERED OFFICE**

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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