## P11000093016

(Requestor's Name)  (Address)  (Address)				
(Address)				
(Address)				
( laaio20)				
, (City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
,				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
·				





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10/24/11--01007--022 \*\*78.75

SECRETARY OF STATE





## **COVER LETTER**

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

0

SUBJECT: Melda Foster HHA, In	C.
(PROPOSED CORPOR	ATE NAME = <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the ar	ticles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
	ne (Printed or typed)
1805 N.W. 129th Street	Address
Miami, Florida 33167	, State & Zip
305-685-5113  Daytime	Telephone number
meldafosterhha@gmail E-mail address: Ito be us	.COM ed 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:		11 OCT 24 PM 2: 05
		TER HHA INC.	
ADDICT IF IT	•		SECRETAITE OF STATE TALLAHASSEE FLORIDA
ARTICLE II	Principal office Principal street address	Mailing	address, if different is:
	1806 Nur 129 SIAGE	Maning	address, if different is.
	1805 Nw 129 STRERT Miam: FL 33167		
•	31-1	<del></del>	
Se	which the corporation is organized is:  14 employment ar Contractor	- Nurse's hide	
ARTICLE IV The number of sha	SHARES  ares of stock is: (00  INITIAL OFFICERS AND/OR DIRECTO	ors	
Name and T			
Address:	itle: MELON FOSTER RESIDENT	Address:	
	Miami, FL 33167		
No 1 T	*A	N. A.T.	
	îtle:		
Address:		Address:	
			<del></del>
		<del></del>	
Name and T	itle:	Name and Title:	
Address:			
rtaaress,	<del></del>		
		_	
		<del></del>	
	<u>REGISTERED AGENT</u>		
	rida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	MALDA FOSTER PRESIDENT 1805 NW 129 STREET	<u>.                                    </u>	
Address:	1805 NW 129 STREET	_	
	Miam; FG 33167	<del></del>	
ARTICLE VII	INCORPORATOR		
	ress of the Incorporator is:		
Name:	The Burgos Group		
Address:	2665 South Bayshore Drive Suite 2		
, Ida 600.	Miami, Florida 33133	:20	
	THE THE PARTY OF T	_	
this certificate, I an	d as registered agent to accept service of proce a familiar with and accept the appointment as re	rgistered agent and agree to ac	ct in this capacity
INIQ/O	Required Signature/Registered Agent	FUA FOOLER, PRINCE	W 10/18/2611
	Required Signature/Registered Agent	,	Date
	nent and affirm that the facts stated herein ar		
locument to the Dep	partment of State constitutes a third degree felor	ry as provided for in s.817.15:	5, F.S.
$\mathcal{L}$			1. 1
Denny 10	Required Signature/Incorporator		10/19/2011
, / <del>-</del>	// Required Signature/Incorporator		Date