

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000027698 3)))



H120000276983ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : ARES & COMPANY, C.P.A., P.A.
Account Number : I20000000268
Phone : (305) 229-8256
Fax Number : (305) 229-8252

FILED
12 JAN -2 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
SUN & MOON HOME HEALTH CARE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

FILED
12 FEB -2 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

17 March 2012

((H12000027698 3)))

ARTICLES OF INC ORPORATION
OF

**SUN & MOON HOME HEALTH CARE
INC.**

FILED
12 JAN -2 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

SUN & MOON HOME HEALTH CARE, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purpose proposed to be transacted and carried on by this corporation are to do any and all of the things, as fully and to the same extent as natural persons might do, viz:

PREPARED BY: ARES & COMPANY, C.P.A., P.A.
3636 SW 87TH AVE.
MIAMI, FL. 33165
PH: (305) 229-8256
FAX: (305) 229-8252

((H12000027698 3)))

((H12000027698 3)))

Transact any and all lawful business.

- (1) Said corporation shall further have powers:
To have perpetual succession by its corporate name,

SUN & MOON HOME HEALTH CARE, INC.

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 100 shares, having an individual par value of US\$10.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The name and street address of the initial Registered Agent of this corporation shall be:

MOISES BENJAMIN LAGOS
3900 NW 79TH AVE. – STE. 569
DORAL, FL. 33166

The principal office and mailing address shall be:

3900 NW 79TH AVE. – SUITE 569
DORAL, FL. 33166

((H12000027698 3)))

((H12000027698 3)))

ARTICLE VI

The initial Board of Directors & Shareholders shall be composed by ONE (1) person,
whose name and address is:

MOISES BENJAMIN LAGOS - PRESIDENT - 100% SHAREHOLDER
3900 NW 79TH AVE. - SUITE 569
DORAL, FL. 33166

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

MOISES BENJAMIN LAGOS
3900 NW 79TH AVE. - SUITE 569
DORAL, FL. 33166

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of
Incorporation this 1ST day of February, 2012.



MOISES BENJAMIN LAGOS
INCORPORATOR/PRESIDENT

((H12000027698 3)))

((H12000027698 3)))

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the law of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

FILED
12 JAN -2 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FL 32399

1. The Name of the Corporation is:

SUN & MOON HOME HEALTH CARE, INC.

2. The name and address of the Registered Agent and office is:

MOISES BENJAMIN LAGOS
3900 NW 79TH AVE. - SUITE 569
DORAL, FL. 33166

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE: _____

MOISES BENJAMIN LAGOS

DATE: _____

2/2/12

((H12000027698 3)))