## P1200028238

(Re	questor's Name)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
(riu	u1033)	
(Cit	γ/State/Zip/Phon	e #)
<b></b>	<b></b>	<b>—</b>
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
·		
	cument Number)	
(D0	cument Number)	
Certified Copies	_ Certificate	s of Status
Chagiel Instructions to	Filing Officer	
Special Instructions to	rung Omcer:	
ļ		
		;





700224049027

03/23/12--01017--025 \*\*87.50

12 MAR 23 PM 1:31
12 MAR 23 PM 1:31
DEFANITION OF CURPORATION
DIVISION OF CURPORATION

12 MAR 23 PM 1:35

753/23/11

## **COVER LETTER**

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

JEROTI CORPORATION

SUBJECT	· :
SUBJECT: (PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the artic	cles 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
	•
FROM: ROSALINA E. BAITA	(Printed or typed)
4317 EAGLE LAND	NG PARKWAY Address
QUANGE PARK, FL	
(904) 874-0727 Daytime To	904 541 - 0222 elephone number
E-mail address: (to be used	elephone number  hov. Com (Small letters)  I 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)	
Time and constitute	
The name of the corporation shall be:	
The name of the corporation shall be:  ARTICLE II PRINCIPAL OFFICE  Principal street address  4317 EAGLE LANDING PARK, FLONDER  ORANGE PARK, FLONDER  32065  Mailing address, if differentis: ANDING PARK way  ORANGE PARK, FLONDER  32065	5 :
ARTICLE III PURPOSE The purpose for which the corporation is organized is:  1. FOR HOME HEALTH CARE AGENCIES  2. Shelled Mursing, Physical THERAPIST, Occupational Therapist to  perder services to patient that are Lome bound	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: DR. VIVENCIO BAITAN  Name and Title: JENNIFER LYA  Address: 4317 EAGLE LANDING VARKWARTSESS: 1576 CHELSER PLACE  (PLESI DENT)  ORANGE PARK, FLA.  32065  32073	A
Name and Title: ROSALINA E. BAITAN  Address: 4317 EAGLE LANGING  PARKUAY  VICE PRESIDENT PARK FLORING  OFANGE PARK, FLORING  TO THE STATE OF THE STA	iR.
Name and Title: CHRISTONE A BAITAN Name and Title:  Address: 801 GROVESMERE LOOP Address:  OCOLL, FUND, 34761	
REPARTURE)	
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Name:  ROSALIVA E BAITAN  Address:  A317 EAGLE LANGING PARK WAY  OFANGE PARK, FURIDIT 32065	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: ROSALINA E. BAITAN Name: ROSALINA E. BAITAN Address: A317 EAGLE LAUNING PURIS Way ORANGE PARK, FLA. 32065	
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

March 23, 2012

Date Rosalia & Baita Required Signature/Registered Agent

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. March 23,2012

Rosalin & Baitar
Required Signature/Incorporator
ROSALINA E. BAITAN