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.

(((H130001922723)))



H180001922723ABC:

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

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973

Fax Number

: (305)220-1440

**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 HHA HOME SERVICES CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

#6374 P. 002/003 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2018 AUG 29 PM 1:57

H13000192272 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:

HHA Home services corp

ARTICLE II - PRINCIPAL OFFICE

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

3145 SW 99 COURT MIGMI, FL 33145

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:

Caridad Busto 3165 SW 99 COURT Miami, FL 33165

H13000192272

SECRETARY OF STATE DIVISION OF CORPORATIONS

2818 AUG 29 PM 1:57

ARTICLE V - INCORPORATOR

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

(hridad Busto 3165 SW 99 Court Micmi, FC 33165

Signature

ARTICLE VI- DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Caridad Busto 3165 SW 990001+ Miami, FL 33165

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