

P14000034370

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.

((H14000091119 3)))



H140000911193AEC-

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: \_\_\_\_\_

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 APR 15 PM 12:20

RECEIVED  
14 APR 16 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION  
HOMESTEAD HEALTH CENTER INC

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

Handwritten signature and date 4/17/14

SECRETARY OF STATE  
DIVISION OF CORPORATION

14 APR 16 PM 12:20

H14000091119

## 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:

HOMESTEAD HEALTH CENTER INC

### ARTICLE II - PRINCIPAL OFFICE

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

28801 SW 157 AVE  
SUITE 201  
HOMESTEAD FL 33033

### ARTICLE III - SHARES

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

100 SHARES

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

The name and address of the initial registered agent is:

HOSSEIN FARSAH  
28801 SW 157 AVE SUITE 201  
HOMESTEAD FL 33033

H14000091119

H14000091119

ARTICLE V - INCORPORATOR

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

HOSSEIN FARSAD  
28801 SW 157 AVE SUITE 201  
HOMESTEAD FL 33

The undersigned incorporator has executed these Articles of Incorporation this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

  
Signature

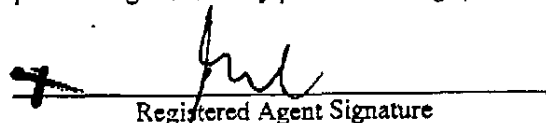
ARTICLE VI- DIRECTOR (S)

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

HOSSEIN FARSAD  
(PRESIDENT)

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

H14000091119