

05/25/2014 04:27

P/400059783

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.

(((H14000167337 3)))



H140001673373AEC%

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 : I20000000319
Phone : (305) 552-5973
Fax Number : (305) 675-5944

FILED
14 JUL 14 AM 11:17
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
HEALTH CARE HEALTH SERVICES INC**

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

07/15/14

FILED
14 JUL 14 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Incorporation

IN COMPLIANCE WITH CHAPTER 607 AND/OR CHAPTER 621, F.S.

Article I - Name: The name of the corporation shall be

Health Care Health Services Inc

Article II - Principal and Mailing Address

1825 NE 154th Street
North Miami Beach FL 33162

Article III - Shares

The number of shares of stock is: 100

Article IV - Initial Officers and/or Directors

Carmen Diaz (P)

FILED
14 JUL 14 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article V - Registered Agent

The name and Florida street address of the registered agent is:

Carmen Diaz
1825 NE 154th Street
North Miami Beach FL 33162

Article VI - Incorporator

The name and address of the incorporator is:

Carmen Diaz
1825 NE 154th Street
North Miami Beach FL 33162


Required Signatures:

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



Registered Agent _____ Date _____

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.



Incorporator _____ Date _____

FILED
14 JUL 14 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA