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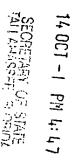
(Requestor's Name)		
(Address)		
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(City/s	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		





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Vivake M. & Jithu A. Abraham 1241 Wildwood Lane Lutz, FL 33558 813-406-0044 Email: vma14@yahoo.com

September 24, 2014

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

RE: SACRED HEART CARE, INC.

Dear Ma'am/Sir:

Enclosed please find the original plus one of the Articles of Incorporation for the above-referenced company, along with a check in the amount of \$87.50 to cover the filing fee, the Certified Copy and the Certificate of Status.

Please register this Corporation as soon as is possible, and return the Certified Copy and the Certificate of Status in the enclosed return stamped envelope I have provided for your convenience.

If you have any questions or comments please feel free to contact me at any of the contact information shown above.

Thank you,

V. Abraham



14 OCT - 1 PM 4: 47

ARTICLES OF INCORPORATION

SECRETATE OF STATE

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I – NAME

The name of the corporation shall be: SACRED HEART CARE, INC.

ARTICLE II – PRINCIPAL OFFICE

The principal street address and mailing address shall be 1241 Wildwood Lane, Lutz, FL 33558.

ARTICLE III – PURPOSE

The purpose for which the corporation is organized and shall serve is home health care services

ARTICLE IV – SHARES

The number of shares of stock is: 1,000 shares

ARTICLE V - INITIAL OFFICERS AND/OR DIRECTORS

Vivake M. Abraham – President 1241 Wildwood Lane Lutz, FL 33558 Jithu A. Abraham – Vice President 1241 Wildwood Lane Lutz, FL 33558

No other officers and/or directors at this time



ARTICLE VI - REGISTERED AGENT 4 007 - 1 PM 4: 48

The name and street address of the Registered Agent is:

SECRETARY OF STATE

Athena Bloomfield 37403 Stanford Avenue Zephyrhills, FL 33541

ARTICLE VII - INCORPORATOR

The name and address of the Incorporator is:

Vivake M. Abraham 1241 Wildwood Lane Lutz, FL 33558

Have 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.

SIGNATURE - Registered Agent

Data

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.

SIGNATURE – Incorporator

9/25/2014

Date