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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE,

Account Number : I20000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			
Emall	adaress:			

FLORIDA PROFIT/NON PROFIT CORPORATION HOME HEALTH SERVICES LINK, INC.

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

MAR 3 = 2015

8. GILBERT

Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE I NAME: The name of the corporation is:		
Home Health Services LINK.	12	C
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is:		
12022 Sw 77 Jerr		
Miami FL 33183		
ARTICLE III SHARES: The number of shares of stock is:	_;;; _;;	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	HAR -2	
SET	2 AM	é J
JOSE F. Rojas (P)	⇔	C
Ş i	5	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:		
The name and Florida street address (PO Box not acceptable) of the registered agent		
José F. Rojas		
12022 SW 77 Terr.		
<u>Miami</u> FL 33183		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator i	s :	
Jose F. Rojas	-	
12022 SW 77 Terr.	•	
Miami FL 33183	_	

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

Registered Aschi

03 02 2015

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.

03 02 2015