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(((H15000096341 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

: (305)552-5973

Fax Number

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

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## FLORIDA PROFIT/NON PROFIT CORPORATION MERCY HOME HEALTH CLINIC INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

H 15000096341

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

<b>ARTICLE I</b> NAME: The name of the corporation is:
MERCY Home Health Clinic INC 5
MERCY Home Health Clinic INC 5
The principal street address and mailing address is:  8030 Hampton Blvd.  Apt 403  NORTH LAUGERDALE, FL 33068
ARTICLE III SHARES: The number of shares of stock is:
ARTICLEIV INITIAL DIRECTORS AND/OR OFFICERS: GEORGINA NALDES - President
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
8030 Hampton Blvd Apt 403
NORTH LAUDERDALE, FL 33068
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
GEORGINA VALDES
8030 Hampton Blva. Hpt 403
NORTH LAUDERDALE FL 33008

## 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 Agen!

04/20/15 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