

P15000078726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

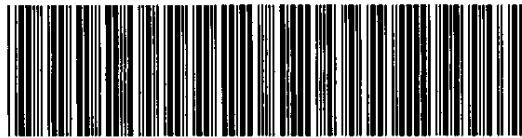
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L. Burch SEP 23 2015

COVER LETTER

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

SUBJECT: Molina Home Care, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Melissa Molina
Name (Printed or typed)

5918 Bent Pine Dr. Ste 213
Address

Orlando FL 32822
City, State & Zip

347 593 4573
Daytime Telephone number

molina.nyc@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Molina Home Care, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
5918 Bent Pine Dr.
Ste 213
Orlando, FL 32822

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ① provide Home Care
Assistance ② provide case management services
This is a for profit corporation.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Melissa Molina, President and CEO Name and Title: _____

Address: 5918 Bent Pine Dr. Address: _____
Ste 213
Orlando FL 32822

Name and Title: Melissa Molina treasurer Name and Title: _____

Address: 5918 Bent Pine Dr. Address: _____
Ste 213
Orlando FL 32822

Name and Title: Melissa Molina Secretary Name and Title: _____

Address: 5918 Bent Pine Dr. Address: _____
Ste 213
Orlando FL 32822

Name and Title: Melissa Molina Vice President Name and Title: _____
Address: 5918 Bent Pine Dr Address: _____
Ste 213 _____
Orlando, FL 32822 _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Melissa Molina
Address: 5918 Bent Pine Dr.
Ste 213 Orlando FL 32822

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Melissa Molina
Address: 5918 Bent Pine Dr. Ste 213
Orlando FL 32822

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/01/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Required Signature/Registered Agent

9/15/2015

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.

Required Signature/Incorporator

9/15/2015

Date