

**P/5000099608**

Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
UNIVERSAL HOME HEALTH SERVICES, CORP**

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

EFFECTIVE DATE 01/01/16

15 DEC 16 AM 8:49

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EFFECTIVE: 1-1-16

**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: **UNIVERSAL HOME HEALTH SERVICES, CORP**

**ARTICLE II PRINCIPAL OFFICE**

Principal Street Address:

Mailing Address if different is: **629 SW 4<sup>TH</sup> ST**  
**CAPE CORAL, FL 33991**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **ANY AND ALL LAWFUL BUSINESS**

**ARTICLE IV**

The number of shares of stock is: **100 SHARES**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **MARIOSKA SANCHEZ-P**

Address: **1417 SE 34<sup>TH</sup> TERR**  
**CAPE CORAL, FL 33904**

Name and Title:

Address:

**ARTICLE VI REGISTERED AGENT**

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

Name: **MARIOSKA SANCHEZ**  
Address: **1417 SE 34<sup>TH</sup> TERR**  
**CAPE CORAL, FL 33904**

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**ARTICLE VII INCORPORATOR**

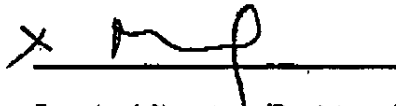
The name and address of the Incorporator is:

Name: MARIOSKA SANCHEZ

Address: 1417 SE 34<sup>TH</sup> TERR

CAPE CORAL, FL 33904

*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*

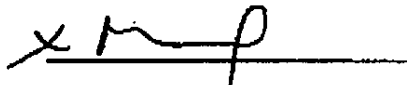
X 

Required Signature/Registered Agent

12/14/15

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

X 

Required Signature/Incorporator

12/14/15

Date

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