

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
DEVOTED HOME HEALTH CARE INC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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2/17/10

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Pr. fit)

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ARTICLE I NAME: The name of the corporation is:Devoted Home Health Care Inc**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is: STE

1980 North Atlantic Ave #122
Cocoa Beach FL 32931**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Initial Director: Melinda Cogswell (60%)
PresidentOfficer: James Martin (40%)
Vice President**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Melinda Cogswell
1980 North Atlantic Ave STE 122
Cocoa Beach FL 32931**ARTICLE VI INCORPORATOR:** The name and address of the incorporator is:Melinda Cogswell
1980 North Atlantic Ave STE 122
Cocoa Beach FL 32931

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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 Agent

2/12/16

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

2/12/16

Date

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