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**FLORIDA PROFIT/NON PROFIT CORPORATION
ELISE HOME HEALTH CARE AGENCY INC.**

Certificate of Status	0
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June 15, 2016

FASKIT CORP

FLORIDA DEPARTMENT OF STATE
Division of Corporations
2ND FAX

SUBJECT: ELISE HOME HEALTH CARE AGENCY INC.
REF: W16000042806

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Jessica A Fason
Regulatory Specialist II

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Letter Number: 516A00012380

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ARTICLE OF INCORPORATION.

ARTICLES OF INCORPORTATION

ELISE HOME HEALTH CARE AGENCY INC.

THE UNDERSIGNED INCORPORATOR (S), FOR THE PURPOSE OF FORMING
A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT,
HEREBY ADOPT (S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I.

THE NAME OF THE CORPORATION SHALL BE:

ELISE HOME HEALTH CARE AGENCY INC.

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE:

380 20TH STREET NE
NAPLES, FLO RIDA 33412

ARTICLE II. NATURE OF BUSINESS

THIS CORPORATION MAY ENGAGED IN OR TRANSACT ANY OR ALL LAWFUL
ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED
STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY, TERRITORY
OR NATION.

ARTICLE III. CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS PAR VALUE THAT
THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE
TIME IS: ONE THOUSAND 1,000 SHARES AT \$ 1.00
PAR VALUE.

ARTICLE IV. TERM OF EXISTENCE

THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE V. OFFICERS DIRECTORS

THE NAME (S) AND STREET ADDRESS (ES) OF THE INITIAL OFFICER (S) AND

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ARTICLE OF INCORPORATION
DIRECTOR (S) , IF ANY WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE
CORPORATION'S EXISTENCE OR UNTIL THEIR SUCCESSOR (S) IS (ARE) ELECTED,
IS (ARE) :

PRESIDENT: MARIE E. PIERRE
380 20TH STREET NE
NAPLES, FLORIDA 33412

VICE - PRESIDENT:

TREASURY:

SECRETARY:

ARTICLE VI. INCORPORATOR (S)

THE NAME (S) AND STREET ADDRESS (ES) OF THE CORPORATOR (S) TO THIS
ARTICLES OF INCORPORATION IS (ARE):

PRESIDENT: MARIE E. PIERRE
380 20TH STREET NE
NAPLES, FLORIDA 33412

VICE PRESIDENT:

TREASURY:

SECRETARY:

PREPARED BY: BARBARA FOUST
3401 N.W. 202ND STREET
MIAMI GARDENS, FLORIDA 33056-1722
(786) -520-3959

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ARTICLE OF INCORPORATION
IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR (S) HAS (HAVE)
EXECUTED THESE ARTICLES OF INCORPORATION THIS: MAY 27TH, 2016.

SIGNATURE (S) OF THE INCORPORATOR (S)

* *Marie E. Pierre*
MARIE E. PIERRE , PRESIDENT



BARBARA A. FOUST
MY COMMISSION #FE 908490
EXPIRES: December 10, 2019
Board Three Budget History Services

CERTIFICATE OF DESIGNATION

REGISTERED AGENT AND REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.325, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING
THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

THE NAME OF THE CORPORATION:

ELISA HOME HEALTH CARE AGENCY INC.

THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

BARBARA FOUST
3401 N.W. 202ND STREET
MIAMI GARDENS, FLORIDA 33056
(786) -520-3959

SIGNATURE:

Barbara Foust
BARBARA FOUST

TITLE: REGISTERED AGENT

DATE: MAY 27TH, 2016

PREPARED BY: BARBARA FOUST
3401 N.W. 202ND STREET
MIAMI GARDENS, FLORIDA 33056-1722
(786) -520-3959

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ARTICLE OF INCORPORATION

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR (S)
HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS:
MAY 27TH, 2016.

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE
STATED CORPORATION. AT THE PLACE DESIGNATED IN THIS CERTIFICATE.
I HEREBY AGREE TO ACT IN THIS CAPACITY. AND I FURTHER AGREE TO
COMPLY WITH PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER
AND COMPLETE PERFORMANCE OF MY DUTIES.
AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA
STATUTES.

SIGNATURE: _____

Barbara Foust
BARBARA FOUST

DATE: _____

MAY 27TH, 2016

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