

AUG/01/2016 MON 12:10 PM
8/1/2016

FAX No. 001/003
Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
MILAN HOME HEALTH CARE INC**

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

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FAX No.

P. 002/003

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

ARTICLE I NAME MILAN HOME HEALTH CARE INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:

12900 SW 14 ST

MIAMI, FL 33184

ARTICLE III PURPOSE ANY AND ALL LAWFUL BUSINESS
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CECILIA BRETONES (P) Name and Title: _____

Address 12900 SW 14 ST Address: _____
MIAMI, FL 33184

Name and Title: LEONARD MILAN (V/P) Name and Title: _____

Address 12900 SW 14 ST Address: _____
MIAMI, FL 33184

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

16 AUG - 1 PM 4:59
CLERK OF DISTRICT COURT
DADE COUNTY, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CECILIA BRETONES
Address: 12900 SW 14 ST
MIAMI, FL 33184

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: CECILIA BRETONES
Address: 12900 SW 14 ST
MIAMI, FL 33184

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

07/29/2016

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

07/29/2016

Date

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