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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**To:**

Division of Corporations  
Fax Number : (850)617-6381

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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
ASSURED QUALITY HOME CARE, INC.**

Certificate of Status	0
Certified Copy	1
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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

Effective Date: 1-1-17

**ARTICLE I NAME:** The name of the corporation is:

Assured Quality Home care, Inc.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

12366 Dogleg Drive. Boynton Beach, Florida 33437

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

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Genevieve Lissa Daniel - President

Maria-José Daniel - 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:

Genevieve Lissa Daniel

12366 Dogleg Drive

Boynton Beach, Florida 33437

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Genevieve Lissa Daniel

12366 Dogleg Drive

Boynton Beach, Florida 33437

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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

NOV. 28 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.

Incorporator

NOV. 28. 2016  
Date

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