

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P1700048560

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000149074 3)))



H170001490743ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

17 JUN -2 PM 4:46

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
MELISSA HOME CARE INC**

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

17 JUN -2 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 05 2017

K. Brumbley

H17000149074

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Melissa Home Care INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

6653 Ficus DR
MIRAMAR FL 33023**ARTICLE III SHARES:** The number of shares of stock is. 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**MARCELINE M MORICEAU
(PRESIDENT)SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 JUN - 2 AM 8:59

FILED

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

MARCELINE M MORICEAU
6653 FICUS DR
MIRAMAR FL 33023**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:MARCELINE M. MORICEAU
6653 FICUS DR
MIRAMAR FL 33023

H17000149074

H17000149074

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

Marceline Y. Yoviceau 6-2-17
Registered Agent 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.

Marceline Y. Yoviceau June 2-17
Incorporator Date

H17000149074