

P18000049751

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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.\*\*

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RECEIVED  
2018 JUN -1 PM 3:17  
DIVISION OF CORPORATIONS  
COMMERCIAL  
REGISTRATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION  
LIAM HOME HEALTH SERV. CORP.

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

**ARTICLES OF INCORPORATION**

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In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:LIAM HOME HEALTH SERV. CORP.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

5665 W 20 AV. APTD. 201HALEAH FL 33012**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**ZENAIDA GUERRA SEVILLA (P)FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JUN - 1 PM 2:13**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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


ZENAIDA GUERRA SEVILLA5665 W 20 AVE APTD 201HALEAH FL 33012**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:ZENAIDA GUERRA SEVILLA5665 W 20 AVE APTD 201HALEAH FL 33012

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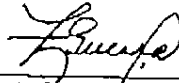
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**Required Signatures:**

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\_\_\_\_\_  
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\_\_\_\_\_  
Date

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