

PI9000023535

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H19000094442 3)))



H190000944423AB00

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: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
FRIENDLY HOME HEALTH CARE CORP

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

2019 MAR 20 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:FRIENDLY HOME HEALTH CARE CORP**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2761 8TH AVE SENaples FL 34117**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**GISEL Medrano (P)Guillermo Medrano (VP)2761 8TH AVE. S.E.Naples FL 34117**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

GISEL Medrano2761 8TH Ave. S.E.Naples FL 34117**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:GISEL Medrano2761 8TH AVE. S.E.Naples FL 34117

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

Gisel Madano - Guillermo Madrano 2/25/19
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.

Gisel Madano Guillermo Madrano 2/22/19
Incorporator Date