

P19000035940

(Requestor's Name)

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(Business Entity Name)

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MAY 01 2019

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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: LONGEVITY HOME HEALTH CARE, INC
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Joseph Villate
Name (Printed or typed)
250 Catalonia Ave, STE 506
Address
Coral Gables, FL 33134
City, State & Zip
305-541-4714
Daytime Telephone number
VillateCPA@Bellsouth.net.net
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: LONGEVITY HOME HEALTH CARE, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

250 Catalonia Ave, STE 506

27700 SW 162nd Ave

Coral Gables, FL 33134

Homestead, FL 33031

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The purpose of this company shall be for all any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph Villate, President/Secretary

Name and Title: _____

Address

250 Catalonia Ave

Address: _____

Coral Gables, FL 33134

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

2013 APR 22 AM 11:16
JILL M. ROSE

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Joseph Villate
Address: 250 Catalonia Ave, STE 506
Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Joseph Villate
Address: 250 Catalonia Ave, STE 506
Coral Gables, FL 33134

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 days prior or 90 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
03/23/19
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
03/23/19
Date

PEDRO GONZALEZ MOLLINEDA

27700 SW 162 Ave
MIAMI, FLORIDA 33031

Date: March 15, 2016
Florida Department of State
Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re:

Name release letter

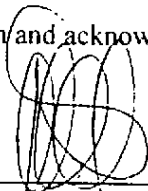
Document Number P07000106833

LONGEVITY HOME HEALTH CARE, INC.
13200 S.W. 128TH ST, SUITE A3
MIAMI, FLORIDA 33186

I **PEDRO GONZALEZ MOLLINEDA**, President of the LONGEVITY HOME HEALTH CARE, INC., Document Number P07000106833, FEIN 45-0573948 hereby state and confirm with my signature below, that I acknowledge that the company is Voluntary Dissolved under "ADMIN DISSOLUTION FOR ANNUAL REPORT", and further that there is no intention of reinstating said company.

If needed as such per conversation with State of Florida, Division of Corporations, I hereby state my permission to allow Joseph Villate the use of that name in his newly opened company.

My authorization and acknowledgement is given with my signature below.



PEDRO GONZALEZ MOLLINEDA

LONGEVITY HOME HEALTH CARE, INC., Document Number P07000106833