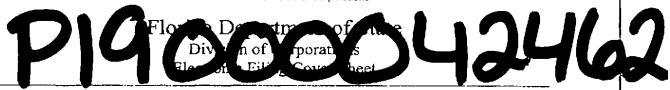
5/22/2019

Division of Corporations



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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.

Account Number : 104512000707 Phone : (305)803-2736 Fax Number : (305)646-1527

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### FLORIDA PROFIT/NON PROFIT CORPORATION RESPIRATORY HOME CARE SERVICES, INC.

Certificate of Status	0
Certified Copy	0
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### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be: RESPIRATORY HOME CARE SERVICES, INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

13611 SW 260 TH LN HOMESTEAD FL 33032

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is for 'Any and all lawful business'.

#### ARTICLE IV SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:One Thousand (1,000) shares of One Dollar (\$1.00) par value common stock, which shall be designated  $\Box$ COMMON SHARES. $\Box$ 

## ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ARIAN RODRIGUEZ 13611 SW 260 TH LN HOMESTEAD FL 33032

Prepared by: ARIAN RODRIGUEZ

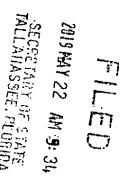
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7951 S.W. 40 ST. (BIRD RD.) #201

MIAMI, FL. 33155 PH # (305) 267-4022



### ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

### ARIAN RODRIGUEZ 13611 SW 260 TH LN HOMESTEAD FL 33032

The undersigned	l incorporator(s)	has(have) executed these Articles of Incorporation this
20_ day of	MAY	, 2019.
		Signature

### ARTICLE VII OFFICER(S) AND DIRECTOR(S)

The name(s) and street address(es) of the officer(s) and director(s) to these Articles of Incorporation is(are):

ARIAN RODRIGUEZ 13611 SW 260 TH LN HOMESTEAD FL 33032 **DIRECTOR & PRESIDENT** 

(An)	
Signature	. <u>-</u>
Signature	-
Signature	

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607. FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the corporation is: RESPIRATORY HOME CARE SERVICES, INC.
- 2. The name and address of the registered agent and office is:

ARIAN RODRIGUEZ 13611 SW 260 TH LN HOMESTEAD FL 33032

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. I hereby accept the appointment as

registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(SIGNATURE)

May 20, 2019