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## Corporatio

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To:

Division of Corporations

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From:

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973

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\*\*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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## FLORIDA PROFIT/NON PROFIT CORPORATION LIFE HOME HEALTH AGENCY INC

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

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Corporate Filing Menu

Help

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## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is

- Exportation is:
Life Home Health Aciency Inc.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
175 Fontainebleau Blyd Suite 251
Miami F1 38177
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Livan Alonso Torres (P)
Lazaro Martinez Hernandez (VP)
(2)
er CS
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Livan Alonso Torres
175 Fountainableau Blvd suite 251
Miami F1 33172
A PUTICIFE AT TAXON TO THE TAXO
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
175 Fountainableau Blyd Suita 251
Miami F1 33177

## 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