## P19000059199

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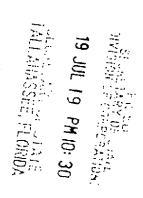
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July 8, 2019

MICHAEL HUGHES 14723 SW 153RD CT MIAMI, FL 33196

SUBJECT: CHILDREN'S HOME HEALTHCARE, INC.

Ref. Number: W19000059470

The fee to file is \$70.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 219A00013657

Tyrone Scott Regulatory Specialist II New Filings Section

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

ARTICLE I NAME The name of the corporation	on shall be: Children's	Home Heat	theare, Inc.
ARTICLE II PRINCI	PALOFFICE rincipal street address 153 rd Count		failing address, if different is:
	E corporation is organized is: Hara		medical business dany and
	ock is:   0,000,000 OFFICERS ANDIOR DIRECTORS	VP	<b>∕</b> C <b>E0</b>
Name and Title:	Michael Highes	Name and Title:_	Evelyn Hughes
	14723 SW 153rd Ct		14723 Sw 153rd Ct
-	Miani, FL 33196		Miani, FL 33196
Name and Title:_		Name and Title:	
Address		Address: _	7. 19 19
-		-	19 Sept 19 Sep
Name and Title:_		Name and Title:	19 P
Address _		Address: _	07.70.

Name and	Title:	Name and Title:
Address		Address:
	EGISTERED AGENT rida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	Michael Hughes, Fige	_
Address:	14723 SW 153rd Ct	_
	Miem, FL 33196	TALLE
ARTICLE VII II	NCORPORATOR	HASS OF STATE OF STAT
The name and add	ress of the Incorporator is:	新 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日
Name:	Michael Hydes	PM 10: 30
Address:	14723 SW 153, A C+	1776, 8776,
	Micmi, Fl. 33196	
Effective date, if of	EFFECTIVE DATE: ther than the date of filing: te is listed, the date must be specific and cann	. (OPTIONAL) ot be more than five days prior or 90 days after the
	nserted in this block does not meet the applicable ective date on the Department of State's records.	e statutory filing requirements, this date will not be listed as
	ed as registered agent to accept service of proces in familiar with and accept the appointment as re	ss for the above stated corporation at the place designated in egistered agent and agree to act in this capacity
	Midal Hyl. Required Signature Begistered Agent	<u>5/30/19</u>
	Required Signature Registered Agent	Date
I submit this document to the De	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felo	e true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.
Require	M. J.	5/35/19 Date