

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.

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From:	Division of Cor Fax Number Account Name	rporations : (850)617-6381		19 SEP
From:		: (850)617-6381		_
	Account Name		1.5	[7]
	Account Name			-0
		: LAZARUS CORPORATE FILING SERVICE, INC.	<u>}</u> .	-8
	Account Number		<u>22</u> :	$^{\circ}$
	Phone	: (305)\$52-5973	1777	-0
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FLORIDA PROFIT/NON PROFIT CORPORATION D&C COMPLETE HOME HEALTH SERV. CORP

Certificate of Status	0
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Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:
Dec Complete Home Health Serv. Coep
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
16024 SW 65 terrace miami Florida
<u>33193</u>
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IVINITIAL DIRECTORS AND/OR OFFICERS:
Dalmys Hernandez (VP)
Caridad Garcia Agriar (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Dalmys Hernandez
16024 SW 65 terrace miami Florida
33193
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: DALMYS HERNANDEZ
16024 SW 65 TERRACE
miami F1 33/23

Required Signatures:

Having been named as registers	
Cornoration at the place de l'	ed agent to accept service of process for the above stated sted in this certificate, I am familiar with and accept the
	"" WHILE COURT OF THE PROPERTY
appointment as regis	stored agent and agree to act in this capacity
7	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

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