

12/8/2019

**P190000089821**

Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
NCG HOME HEALTH INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

**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: NCG HOME HEALTH INC**ARTICLE II PRINCIPAL OFFICE**Principal street address17030 SW 138 CTMIAMI, FL 33177

Mailing address, if different is:

17030 SW 138 CTMIAMI, FL 33177**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: 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: NACHUSKY CHON (P/S/D)Address: 17030 SW 138 CTMIAMI, FL 33177

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: NACHUSKY CHON  
Address: 17030 SW 138 CT  
MIAMI, FL 33177

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: NACHUSKY CHON  
Address: 17030 SW 138 CT  
MIAMI, FL 33177

**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  
12/5/2019  
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  
12/5/2019  
Date