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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## FLORIDA PROFIT/NON PROFIT CORPORATION

Granda's Homemaker and Companion, Inc

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help



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

CLE II PRINCI	PAL OFFICE		
Principal street address			Mailing address, if different is:
675 SW 264th S	treet		
mestead, FL 330	031		
CLE III PURPO.  upose for which th	SE e corporation is organized is: Hom	emaker & Companio	n
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Mer of shares of some of shares of some and Title:  Address  Name and Title:  Address	Barbara Granda, President 19675 SW 264th Street Homestead, FL 33031  Walter Granda, VP 19675 SW 264th Street Homestead, FL 33031	Name and Title Address:  Name and Title Address:  Name and Title Name and Title	Barbara Granda (Pres 19675 SW 264 ST Homestead FL 33031 Walter Granda (VP) 19675 sw 264 st Homestead FL 3303

Name an	nd Title:	Name and Title:	, <del>.</del>
Address		Address:	_
ARTICLE VI	REGISTERED AGENT		
The name and F	lorida street address (P.O. Box NOT accepta Barbara Granda	ble) of the registered agent is:	
Name:	19675 SW 264th Street		
Address:	Homestead, FL 33031		2929 HAY
ARTICLE VII	INCORPORATOR	≥	MAY 22 P
The name and a	ddress of the Incorporator is:	\$7 	
Name:	Barbara Granda		<u> تح</u>
Address:	19675 SW 264th Street		1: 37
	Homestead, FL 33031	- <del></del>	
Effective date, if (If an effective of filing.)  Note: If the date	•	cannot be more than five days prior or 90 day icable statutory filing requirements, this date wi	
		ocess for the above stated corporation at the place egistered agent and agree to act in this capacity	designated in this
	Barbara Granda Required Signature/Registered Age	05/22	2020
	Required Signature/Registered Age	nt	Date
	cument and affirm that the facts stated here Department of State constitutes a third degre	in are true. I am aware that the false informati r felony as provided for in s.817.155, F.S.	on submitted in a
Bashasa	anda	05/22	/2020
Required Signate	une/Incorporator	Date	