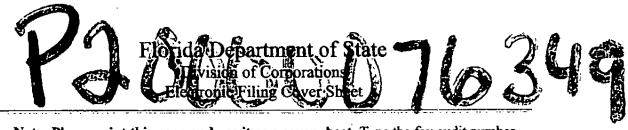
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To:			
	Division of Corporations		
	Fax Number	: (850)617-6381	
	, •		
From:			
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	
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FLORIDA PROFIT/NON PROFIT CORPORATION AMLIW HOME HEALTH CARE CORP

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

€)

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

A RTICY P

ARTICLE 1 NAME: The name of the corporation is:
O (
Honlie Home HEALTH Care Corp
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
714 Quant Que
Valiat Suc
- Jehigh Weres
th 33972
ARTICLE III SHARES: The number of shares of stock is: 100
·
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Norma A. Pinera - David
Norma A. Kinero - Presd.
Daniel Hernandez U/P
Daniel Hernandez U/P 83
SE AN A CONTRACTOR OF THE SECOND SECO
DESCRIPTION OF ALL PRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Warma A Minera
714 Grant Que Rehigh acres
- 114 Frant Que Kenigh (Illes
ナイクライナン
ARTICLE VI INCORPORATOR: The name and address of the Incontorator is:
Norman Kinero
714 Grant are Lehigh Cornes
ナん 33372

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

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 S ate constitutes a third degree felony as provided for in \$4817.155, F.S.

incorporator

2020 SEP 30