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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
AMLIW HOME HEALTH CARE CORP

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

2020 SEP 30 AM 10: 59
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Amliw Home HEALTH Care Corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

714 Grant Ave
Lehigh Acres
FL 33972

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Norma A. Piñero - Presd.

Daniel Hernandez V/P

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Norma A Piñero
714 Grant Ave Lehigh Acres
FL 33972

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Norma A Piñero
714 Grant Ave Lehigh Acres
FL 33972.

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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

Walter Pineer 9/30/20
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 §817.155, F.S.

Walter Pineer 9/30/20
Incorporator Date

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