

P21 000082981

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
NOVA COMMUNITY HOME HEALTH CORP.**

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

2021 SEP 21 PM 3:55

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

Nova Community Home Health Corp.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

9867 SW 184th Street Palmetto Bay, FL 33157

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

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Arlenys Lorenzo, President

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CLERK OF DISTRICT COURT  
DADE COUNTY FLORIDA

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

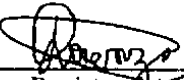
Arlenys Lorenzo 9867 SW 184th Street Palmetto Bay, FL 33157

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

Arlenys Lorenzo 9867 SW 184th Street Palmetto Bay, FL 33157


**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

09/21/2021  
\_\_\_\_\_  
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

09/21/2021  
\_\_\_\_\_  
Date

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STATE OF FLORIDA  
DEPARTMENT OF STATE  
TALLAHASSEE, FL