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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (350) 617-6381

From:

Account Name : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (845) 425-0077
Fax Number : (845) 618-3588

Signature

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

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CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
MNH Florida Homecare Inc.

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

2022 MAY 18 PM 4:26

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: MNI Florida Homecare Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

3850 NW 2nd Ave Suite #22103-15 101 St.Boca Raton, FL 33431Ozone Park, NY, 11417**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Homecare acquisitions**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Hillel Adelman, CEO

Name and Title: _____

Address 328 NW Spanish River Blvd.

Address: _____

Boca Raton, FL 33431

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2022 MAY 18 PM 4:26

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

_____**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Hillel AdelmanAddress: 328 NW Spanish River Blvd.Boca Raton, FL 33431

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ARTICLE VII INCORPORATORThe name and address of the incorporator is:Name: Hillel AdelmanAddress: 328 NW Spanish River Blvd.Boca Raton, FL 33431**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 business days prior or 90 business 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 Agent05/16/2022_____
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/Incorporator05/16/2022_____
Date