

P2200042986

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : DAQA ACCOUNTING INC.
Account Number : I20210000190
Phone : (786)431-1561
Fax Number : (786)364-0121

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JUN -2 PM 2:24

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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
HELP HEART HOME CARE CORP**

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

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CORPORATIONS
COMMERCIAL
SERVICES

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ATX1

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

ARTICLE I NAME

The name of the corporation shall be: HELP HEART HOME CARE CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

1520 SW 5TH ST APT 5

MIAMI, FL 33135

Mailing address, if different is:

1520 SW 5TH ST APT 5

MIAMI, FL 33135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARLENE OLIVA FERNANDEZ. PRESIDEN Name and Title:

Address: 1520 SW 5TH ST APT 5

Address:

MIAMI, FL 33135

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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ATX1

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: MARLENE OLIVA FERNANDEZ
Address: 1520 SW 5TH ST APT 5
MIAMI, FL 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARLENE OLIVA FERNANDEZ
Address: 1520 SW 5TH ST APT 5
MIAMI, FL 33135

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6/2/2022 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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 Agent 6/2/2022
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/Incorporator 6/1/2022
Date

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