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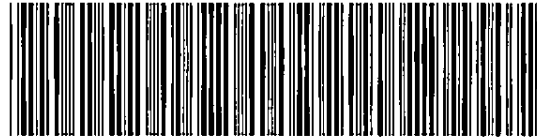
(Business Entity Name)

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**DATE: 01/04/23**

**NAME: HOMELAND HEALTH SOLUTIONS HOLDING INC.**

**TYPE OF FILING: ARTICLES**

**COST: 70.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** HOMELAND HEALTH SOLUTIONS Holding INC  
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

**ADDITIONAL COPY REQUIRED**

FROM: \_\_\_\_\_  
Name (Printed or typed)

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Address

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City, State & Zip

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**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: HOMELAND HEALTH SOLUTIONS Holding INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

437 N. KROME AVE

445-447 N. KROME AVE

HOMESTEAD, FL 33030

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 10000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: HERNANDEZ, JOSE ENRIQUE RD

Name and Title: \_\_\_\_\_

Address 437 N. KROME AVE

Address: \_\_\_\_\_

HOMESTEAD, FL 33030

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

SECRET  
JAN 23 4 48 PM '04  
DIVISION OF CORPORATIONS

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: HERNANDEZ, JOSE ENRIQUE

Address: 437 N. KROME AVE

HOMESTEAD, FL 33030

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: HERNANDEZ, JOSE ENRIQUE

Address: 437 N. KROME AVE

HOMESTEAD, FL 33030

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 12-25-2022 (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*

Jose E. Hernandez

Jose E. Hernandez (Dec 28, 2022 19:16 EST)

Required Signature/Registered Agent

Dec 28, 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.*

Jose E. Hernandez

Jose E. Hernandez (Dec 28, 2022 19:16 EST)

Required Signature/Incorporator

Dec 28, 2022

Date

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DIVISION OF CORPORATIONS  
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