

**Electronic Articles of Incorporation  
For**

P23000004713  
FILED  
January 13, 2023  
Sec. Of State  
snchatham

FUENTES HOME HEALTH SERVICES CORP

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

**Article I**

The name of the corporation is:

FUENTES HOME HEALTH SERVICES CORP

**Article II**

The principal place of business address:

30431 SW 156TH AVE  
HOMESTEAD, FL. US 33033

The mailing address of the corporation is:

30431 SW 156TH AVE  
HOMESTEAD, FL. US 33033

**Article III**

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The number of shares the corporation is authorized to issue is:

1000

**Article V**

The name and Florida street address of the registered agent is:

YOLAXIS FUENTES FALLS  
30431 SW 156TH AVE  
HOMESTEAD, FL. 33033

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: YOLAXIS FUENTES FALLS

P23000004713  
FILED  
January 13, 2023  
Sec. Of State  
snchatham

## **Article VI**

The name and address of the incorporator is:

YOLAXIS FUENTES FALLS  
30431 SW 156TH AVE

HOMESTEAD, FL 33033

Electronic Signature of Incorporator: YOLAXIS FUENTES FALLS

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

## **Article VII**

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P  
YOLAXIS FUENTES FALLS  
30431 SW 156TH AVE  
HOMESTEAD, FL. 33033 US

## **Article VIII**

The effective date for this corporation shall be:

01/12/2023