Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000054597 3)))



H230000545973ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019 Phone

: (305)552-5973

Fax Number

: (305)675-5944

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

Email	Address:	
-------	----------	--

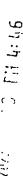
FLORIDA PROFIT/NON PROFIT CORPORATION KAREN HOME HEALTH SERVICE INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help





Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise that the owners of

KAREN HOME HEAUTH SERVICE INC

of Document # <u>P2100058202</u>

are the same owners of the attached articles. We have dissolved the company and have no intention of reopening it.

Thank you for your help in this matter.

Thanks,

KARENIA RUIZ LEON

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

EIN: 87-1344455

ARTICLE 1 NAME: The name of the corporation is:

KarEn HOME HEALTH SERVICE Fric
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
15023. Sau 65 Fer
MIa.MI FL 331913
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICER®:
Karenia Ruiz Leon (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Karenia Ruiz LEON 15023 SW 65 Ter
MIAMI FC 33193
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
- ROTE -
15023 SW 65 121
MIAMI PC 33(9)

Required Signatures:

Having been named as registered agent to accept service of process for the above states corporation at the place designated in this certificate, I am familias: with and accept the appointment as registered agent and agree to act in this capacity

I submit this document and affirm that the facts stated herein are time. 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.