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Florida Department of State
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S. CHATHAM

SEP 25 2023

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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
PASSION & CARE HOME HEALTH, CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Passion & Care Home Health, Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

0877 SW 25 ST Miami Florida 33165**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Jack Williams PEREZ Miranda PMayenni Jimenez VP**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Mayenni Jimenez0877 SW 25 ST Miami FL 33165**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Mayenni Jimenez0877 SW 25 ST Miami Florida 33165

2023-07-22 AM 8:32

Required Signatures:

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

_____
Registered Agent_____
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.

_____
Incorporator_____
Date

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