

29/23 3:33 PM  
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Division of Corporations  
Florida Department of State  
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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : CESPEDES CPA, INC  
Account Number : I20220000109  
Phone : (786)452-4615  
Fax Number : (844)773-3487

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

Email Address: manoloian2004@yahoo.com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
GP HOME HEALTH INC**

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

(((H23000408331 3)))

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: GP HOME HEALTH INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

17700 SW 107TH AVE

APT 101

MIAMI FL 33157

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:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PACHECO CASTILLO, JAHINDREITH E. / PRES

Address: 17700 SW 107TH AVE

APT 101

MIAMI FL 33157

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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FILED  
2023 NOV 30 PM 1:22  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
MIAMI, FLORIDA

(((H23000408331 3)))

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: PACHECO CASTILLO, JAHINDREITH E.  
Address: 17700 SW 107TH AVE, APT 101  
MIAMI FL 33157

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

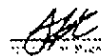
Name: PACHECO CASTILLO, JAHINDREITH E.  
Address: 17700 SW 107TH AVE, APT 101  
MIAMI FL 33157

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 01/01/2024 (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 furnished with and accept the appointment as registered agent and agree to act in this capacity*

\_\_\_\_\_  
Required Signature/Registered Agent11/29/2023\_\_\_\_\_  
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/Incorporator11/29/2023\_\_\_\_\_  
Date

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