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.

(((H24000128272 3)))



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

To:	Division of Co	roprations			
	Fax Number	: (850)617-6381			
From:			م رمت	21	
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	\equiv im	2024	
	Account Number	: 120000000019	\mathbb{R}^{Ω}		
	Phone	: (305)552-5973	H SSD	ΑP	
	Fax Number	: (305)675-5944	≥=	~	$-\eta$
		•	TARY ASSE	ä	_
			Ξ		
**E	nter the email a	address for this business entity to be used for future	in _⊆	4	111
	annual report	mailings. Enter only one email address please.*"	71	_1.	0
			ED TS	L-	
	Email Address	:	≅≥		
			= -;		

FLORIDA PROFIT/NON PROFIT CORPORATION RADIANT HOME HEALTH SERVICES CORPORATION

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:		
Radiant Home Health Services Corporation		
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is: 14432 SW 12 Ch Miami, EC 33184		
ARTICLE III SHARES: The number of shares of stock is: 100		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		
Marcos Diaz (P)	2024	
AND HELD AND STATES AN	2024 APR -8	T
	փ։ փ5	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:		
The name and Florida street address (PO Box not acceptable) of the registered agent is: Marcos Diaz		
19432 SW 12 Ln Miami, FL 33184		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: Marcos Diaz		
14432 SW 12 Cn Miami, FL 33184		

EIN: 99-2359929

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

> 04/32/24 Registered Agent

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 \$.817.155, F.S.

> 1. 1429 1 17. Control of

Incorporator