

P240000036676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

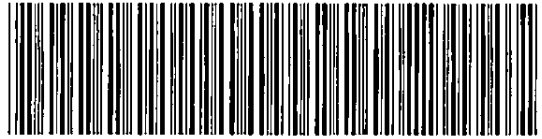
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/31/24--01001--006

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TALLAHASSEE, FL

2024 MAY 31 AM 9:47

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TALLAHASSEE, FLORIDA

2024 MAY 31 AM 10:33

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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
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WALK IN

PICK UP: BROOK 5/31

CERTIFIED COPY _____

XX PHOTOCOPY _____

GS _____

XX FILING INC _____

1. ELDORADO HOME HEALTH CARE, INC.

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

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STATE

SPECIAL INSTRUCTIONS:

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: ELDORADO HOME HEALTH CARE INC.

ARTICLE II PRINCIPAL OFFICE Principal street address

2211 LAKE BREEZE DR,
DAVENPORT FL 33896

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful purpose

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sandra Devarel- President

Name and Title: _____

Address 2211 LAKE BREEZE DR,
DAVENPORT FL 33896

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
WILMINGTON, FL

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: Sandra Devarel
 Address: 2211 LAKE BREEZE DR,
DAVENPORT FL 33896

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sandra Devarel
 Address: 2211 LAKE BREEZE DR,
DAVENPORT FL 33896

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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 familiar with and accept the appointment as registered agent and agree to act in this capacity

Sandra Devarel _____ 5/30/24
 Required Signature/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.

Sandra Devarel _____ 5/30/24
 Required Signature/Incorporator Date

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 DEPARTMENT OF STATE
 TALLAHASSEE FL