

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
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((H25000008004 3)))



H250000080043ABCT

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ARES & COMPANY, C.P.A., P.A.
Account Number : I20000000268
Phone : (305)229-8256
Fax Number : (305)229-8252

2025 JAN -7 PM 4:26

11:50

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

Email Address: _____

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2025 JAN -7 PM 4:40

STATE
TALLAHASSEE, FL

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

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

COVER LETTER

H25000008004 3

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: CAREWELL HOME HEALTH INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: ARES & COMPANY CPA PA
Name (Printed or typed)

2833 SW 132 PLACE

Address

MIAMI, FL 33175

City, State & Zip

305-229-8256

Daytime Telephone number

ELITEHYDRATIONSPA24@GMAIL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

H25000008004 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: CAREWELL HOME HEALTH INC

ARTICLE II PRINCIPAL OFFICEPrincipal street address
2833 SW 132 PLACE

Mailing address, if different is:

MIAMI, FL 33175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YORDAN R FANDO, CEO

Name and Title:

Address: 9455 W FLAGLER ST. APT C205

Address:

MIAMI, FL 33174

Name and Title: LUIS E YANE, COO

Name and Title:

Address: 2833 SW 132ND PLACE

Address:

MIAMI, FL 33175

Name and Title:

Name and Title:

Address:

Address:

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: YORDAN R FANDO
 Address: 9455 W FLAGLER ST. APT C205
MIAMI, FL 33174

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: YORDAN R FANDO
 Address: 9455 W FLAGLER ST. APT C205
MIAMI, FL 33174

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:

YORDAN R FANDO 01/07/2025
 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.

YORDAN R FANDO 01/07/2025
 Required Signature/Incorporator Date