500037914 B Stay Total Co

2271 S.W. 9th Street, #12 33135 Miami, Florida May 10, 1995

State of Florida Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re: ORO HOME HEALTH CARE SERVICE, INC.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation together with my money order in the amount of \$122.50.

This represents the cost of the filing fee, certified copy of the Articles of Incorporation and fee for Registered Agent Designation for the above named corporation.

Sincerely,

MAILING ADDRESS: 2271 S. W. 9th Street, #12

Miami, Florida 33135

Tel: (305) 642-9088

# ARTICLES OF INCORPORATION

•	01			
ORO HOME HEALTH CARE SERVIC	E, INC.	······································		
The undersigned subscriber(s) to these Articles of Incorpo corporation under the laws of the State of Florida.	• ,	(s) competent to	contract, h	ereby form a
ARTICLE 1 · C	ORPORATE NAME		٠,,,	ig.
The name of the corporation is:				5
ORO HOME HEALTH CARE SERVICE, INC.			77-1	**************************************
ARTICLE II	- DURATION		(S)	
This corporation shall exist perpetually unless dissolved	according to Florid	a law.	ri ri	
ARTICLE I	II - PURPOSE		1	
The corporation is organized for the purpose of engaging United States and the State of Florida.	in any activities or b	usiness permitted	i under the	e laws of the
ARTICLE IV •	CAPITAL STOCK			
The corporation is authorized to issue <u>five hundred</u> Dollar(s) (\$ 1.00) par value Common	Stock, which shall	be designated *C		harcs."
The street address of the Initial Registered Agent office a			Agent at t	hat office is:
Leavis n. One			•	
ADDRESS 2271 S.W. 9th Street, #12			m m	33135
The principal office, if known, or the mailing adress of	the corneration is:	Florida	ZIP	33133
	the one posterior			
NAME SAME		<del>-</del>		<u></u>
ADDRESS				
CITY ADTICUTE AT ANITALIA	FLORIDA	TORS	ZIP	
This corporation shall have TWO (2 increased or diminished from time to time by the By-La addresses of the initial director(s) of the corporation ar	) directors initially. ws, but shall never	The number of d		
NAME ARSENIO R. ORO	<del></del>			
ADDRESS 2271 S.W. 9th Street, #12		<del></del>		
CTTY Miami	STATE	Florida	ZIP	331 35
NAME DIANA O. ORO				
ADDRESS 2271 S.W. 9th Street, #12				
CTY Miami	STATE	Florida	ZIP	33135
NAME				
ADDRESS				_
спү	STATE		ZIP	
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## ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

	s 2271 S.W. 9th Street, #12				00105
TIY	Miami	STATE	Florida	ZJP	33135
(AME	DIANA O. ORO		<u> </u>		
ADDRESS	s 2271 S. W. 9th Street, #12				
CTTY	Mlami	STATE	Florida	ZIP	33135
NAMB					
ADDRESS					
CITY		STATE		ZIP	

DIANA O. ORO

(Scal)

(Scal)

## CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

### CERTIFICATE OF REGISTERED AGENT

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ORO MEDER HEALTH CARE SERVICE, INC.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at	1 S.W. 9th Street, #12		
	Miami, Florida 33135		
has named _	ARSENIO R. ORO		
located at th	e aforesaid address, as its Registered Agent to accept service of process		
within this s	state.		

### **ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provision of Florida Law in keeping open said office.

ARSENIO R. ORO