# Date (SAMPLE LETTER OF TRANSMITTAL)



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

Re: HELEN'S HOME HEALTH CARE SERVICE, INC. Inc.

(name of corporation)

400001468474 -05/16/95--01060--014 \*\*\*\*122.50 \*\*\*\*122.50

Gentlemen:

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

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

ELENA RODRIGUEZ

(individual's name)

-HELEN'S HOME HEALTH GARE SERVICE, INC. (name of corporation)

MIAMI FL. 33126

PHONE

( 305 ) 567-9519

Area Code Number Ext.

### ARTICLES OF INCORPORATION

HELEN'S HOME HEALTH CARE SERVICE, INC. (name of corporation) The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida, ARTICLE I - CORPORATE NAME The name of the corporation is: HELEN'S HOME HEALTH CARE SERVICE, INC. ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law, ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida, ARTICLE IV - CAPITAL STOCK The corporation is authorized to issue FIVE HUNDRED shares ( 500 ) of ONE Dollar(s) (\$ ) par value Common Stock, which shall be designated "Common Shares," ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is: NAME ELENA RODRIGUEZ 855 NW 44 AVE #1 ADDRESS MIAMI ZIP 33126 **FLORIDA** The principal office, if known, or the mailing adress of the corporation is: NAME ELENA RODRIGUEZ 855 NW 44 AVE #1 ADDRESS CHY MIAMI ZIP 33126 FLORIDA ARTICLE VI • INITIAL BOARD OF DIRECTORS This corporation shall have TWO 2 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows: NAME ELENA RODRIGUEZ ADDRESS 855 NW 44 AVE #1 MIAMI FL. ZIP 33126 CITY STATE NAME JORGE A. REDONDO 855 NW 44 AVE #1 ADDRESS CTIY MIAMI STATE FL. ZIP 33126 NAME ADDRESS

STATE

PAGE 1

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ZIP

SEMINOLE-MIAMI 012593

#### ARTICLE VII - INCORPORATORS

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

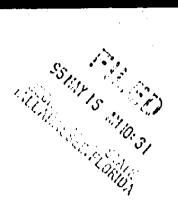
ADDRESS 855 NW 44 AVE #1		
CTIY MIAMI	FL. STATI!	33126 zir
NAME JOHGE A. HEDONDO		
ADDRESS 855 NW 44 AVE #1		<u></u>
CITY MIAMI	STATE FL.	<sub>ZIP</sub> 33126
NAME		
ADDRESS		
спу	STATE	ZIP

day of MAY, 12 , 19 95	•		
	ELENA RODRIGUEZ	Den	(Scal)
	JORGE A. REDONDO	flas	(Scal)
			(Scal)

## CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF



HELEN'S HOME 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 855 NW 44 AVE #1

33126 MIAMI FL.

has named ELENA RODRIGUEZ

located at the aforesaid address, as its Registered Agent to accept service of process within this 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 provisions of Florida Law in keeping open said office.

ELENA RODRIGUEZ

(registered agent)