

P95000051370

CHARGED, PLEASE ENTER YOUR PASSWORD. TO ABANDON THIS PROCESS, ENTER 'N'.

6/30/95 FLORIDA DIVISION OF CORPORATIONS 11:07 AM

PUBLIC ACCESS SYSTEM

((H95000007329))

ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS

FROM: FAS-T CORP. AGENTS, INC.

DEPARTMENT OF STATE

8405 NW 53RD ST

STATE OF FLORIDA

SUITE C-100

409 EAST GAINES STREET

MIAMI FL 33166- 9-0000

TALLAHASSEE, FL 32399

CONTACT: LIDIA FERNANDEZ

FAX: (904) 922-4000

PHONE: (305) 599-0839

FAX: (305) 592-9391

((H95000007329))

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: TRUE HOME CARE INC.

FAX AUDIT NUMBER: H95000007329

CURRENT STATUS: REQUESTED

DATE REQUESTED: 06/30/1995

TIME REQUESTED: 11:07:39

CERTIFIED COPIES: 0

CERTIFICATE OF STATUS: 1

NUMBER OF PAGES: 3

METHOD OF DELIVERY: FAX

ESTIMATED CHARGE: \$78.75

ACCOUNT NUMBER: 071001002335

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6/30/95

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11:07 AM

FILED
95 JUN 30 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10-13402

RECEIVED
95 JUN 30 PM 3:16
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION**OF**

TRUE HOME CARE INC.
195 S.W. 15 Rd. #205
MIAMI, FL. 33129

185000007329

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JUN 30 PM 4:53

FILED

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: TRUE HOME CARE INC.

The principal place of business of this corporation shall be: 195 S.W. 15 Rd. #205
Miami Fl. 33129

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

\$500.00
The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 500 shares each having a par value of \$1.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

Luis A. Linares
195 S.W. 15 Rd. #205
Miami Fl. 33129

Prepared by:
Marta Bu
3899 N.W. 7th. St. #201
Miami Fl 33126
Tel. (305) 446-2967

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H9500007329

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

Luis A. Linares
195 S.W. 15 Rd. #203
Miami, Fl. 33129

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 30th day of June, 1995

Signature(s) of Incorporator(s)

Luis A. Linares

STATE OF Florida
COUNTY OF Dade

THE FOREGOING instrument was acknowledged and sworn to before me this 30th day of June, 1995 by Luis A. Linares
(Name of Incorporator)
of TRUE Home Care, Inc.
(Name of Corporation)

Notary Public

Marta Bu
My Commission Expires: _____

(SEAL)

ARTICLES OF INCORPORATION FILING FEE:



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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: TRUE HOME CARE INC.
2. The name and address of the registered agent and office is:
Luis A. Linares
195 S.W. 15 Rd. #205
(P.O. BOX NOT ACCEPTABLE)
Miami, Fl. 33129
(CITY/STATE/ZIP)

SIGNATURE

(corporate officer)

TITLE

PRESIDENT/SECRETARY

DATE

June 30th., 1995

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE

DATE

June 30th., 1995

REGISTERED AGENT FILING FEE:

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CORP NUMBER: M93001

IF THE ABOVE INFORMATION IS CORRECT, AND YOU WOULD LIKE TO HAVE THE ACCOUNT CH

IF THE ABOVE INFORMATION IS CORRECT, AND YOU WOULD LIKE TO HAVE THE ACCOUNT CHARGED, PLEASE ENTER YOUR PASSWORD. TO ABANDON THIS PROCESS, ENTER 'N'.

8/17/95

FLORIDA DIVISION OF CORPORATIONS
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12:31 AM

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ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS

FROM: FAS-T CORP. AGENTS, INC.

DEPARTMENT OF STATE

8405 NW 53RD ST

STATE OF FLORIDA

SUITE C-100

409 EAST GAINES STREET

MIAMI FL 33166-

33401-0000

TALLAHASSEE, FL 32399

CONTACT: LIDIA FERNANDEZ

FAX: (904) 922-4000

PHONE: (305) 591-0039

FAX: (305) 592-9591

((H95000009093)))

DOCUMENT TYPE: BASIC AMENDMENT

NAME: TRUE HOME CARE INC.

FAX AUDIT NUMBER: H95000009093

CURRENT STATUS: REQUESTED

DATE REQUESTED: 08/17/1995

TIME REQUESTED: 12:31:47

CERTIFIED COPIES: 0

CERTIFICATE OF STATUS: 0

NUMBER OF PAGES: 2

METHOD OF DELIVERY: FAX

ESTIMATED CHARGE: \$35.00

ACCOUNT NUMBER: 071001002335

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8/17/95

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12:32 AM

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CC to [unclear] - [unclear] ✓
[unclear]

DIVISION OF CORPORATIONS

95 AUG 17 PM 4:58

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1995 AUG 18 PM 12:29

FILED

08/18/95 09:51 FAS-T CORPORATE AGENTS

(305) 592-9591

P. 001



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State

August 18, 1995

TRUE HOME CARE INC.
195 S.W. 15 RD.
#205
MIAMI, FL 33129

SUBJECT: TRUE HOME CARE INC.
REF: P95000051370

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

Please list the title(s) of each officer in your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6902.

Linda Stitt
Corporate Specialist

FAM Aud. #: H95000009093
Letter Number: 395A00038794

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

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95 AUG 18 AM 11:29

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H95000009093

**ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF**

TRUE HOME CARE INC.
195 S.W. 15th & 205 MIAMI, FL 33129
(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (Indicate article number(s) being amended, added or deleted)

Article V:

The name and address of the officer and director is:

President
Secretary

MARILYN R. CABALLERO

803 N.W. 27th

MIAMI, FL 33125

The name and address of the registered agent:

Marilyn R. Caballero
803 N.W. 27 Ct.
Miami, FL 33125

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

Prepared by: Marta BU
3899 N.W. 7th St.
Suite 201
Miami, FL 33126
(305) 446-2967

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THIRD: The date of each amendment's adoption: July 31, 1995

FOURTH: Adoption of Amendment(s) (check one)

- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____"
(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 31 day of JULY, 19 95.

I accept and assume the duties and responsibilities of the registered agent.

Signature

M.A. Calabrese

(By the Chairman or Vice Chairman of the Board of Directors,
President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

HARILYN R. CABALLERO

Typed or printed name

RAES.

Secretary

Title

H95000009093